



Carlos A. Gimenez, Mayor
www.miamidade.gov

**Public Housing and Community Development
Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750
Miami, FL 33152-1750
TTD/TTY Florida Relay Service
1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893
Si necesita ayuda con este formulario, llame al 305-403-3222
Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

TENANT CHANGE OF MAILING ADDRESS FORM

HEAD OF HOUSEHOLD INFORMATION:

Entity ID Number

First Name MI Last Name

Unit Address

City State Zip Code

Telephone Number

New Mailing Address Information:

Mailing Address

City State Zip Code

MDHCVP requires that a participant's mailing address match his/her unit address and will authorize changes to a participant's mailing address only in the event of an extenuating circumstance. This request is pending approval by MDHCVP.

Reason for request: _____

I declare that the information listed above is true and correct, and I understand that this form will only change my current mailing address and does not provide authorization to move to another unit.

Head of Household Signature

Date

PLEASE FAX OR MAIL THIS FORM TO THE MIAMI-DADE HOUSING AGENCY ADDRESS OR FAX NUMBER LISTED ABOVE.

