



## OWNER ADDRESS CHANGE (PLEASE PRINT)

EFFECTIVE DATE://	
OWNER NAME:	
TAX IDENTIFICATION NUMBER:	
PREVIOUS ADDRESS:	
NEW ADDRESS:	
NEW PHONE NUMBER: HOME: (	) WORK: ()
CELL: ()	EMAIL:
PROPERTY MANAGEMENT COMPAN	NY OR AGENT: (IF APPLICABLE)
NAME:	
ADDRESS:	
TELEPHONE:	
	OUR PROP. MGMT. CO./AGENT?
NAME(S) SECTION 8 TENANT(S):	
1	2
3	4
(YOU MAY USE REVER	RSE SIDE OF PAGE FOR ADDITIONAL NAMES)
OWNER SIGNATURE	DATE

Please return the completed form to the following address as soon as possible:

Housing Authority of the City of Long Beach 521 E. Fourth Street Long Beach, CA 90802 Attention: Royce Handler Bell

If you have any questions, please call (562) 570-6348. Thank you for your assistance.