

**Topeka Housing Authority  
2010 SE California  
Topeka, KS 66607  
Phone: (785) 357-8842  
Fax: (785) 357-2648**

**Landlord Address Change Form**

Landlord Name: \_\_\_\_\_

Former Name (if changing): \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Current Telephone Number: (     ) \_\_\_\_\_-\_\_\_\_\_

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OLD ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

NEW ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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I do hereby attest that the above information is true.

Landlord's Signature: \_\_\_\_\_

Date: \_\_\_\_\_