

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

**Applicant Name and Address Change Form**

For Housing Choice Voucher (Section 8) \_\_\_\_\_ or Public Housing \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

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OLD ADDRESS

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

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

NEW ADDRESS

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

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

Date moved to this address: \_\_\_\_\_

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**You must notify THA's Housing Choice Voucher Program and/or Public Housing Program in writing within 10 business days every time you change your address. Your name may be removed from the waiting list if the address on file for you is incorrect.**

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I do hereby attest that the above information is true. I understand that any false statements Can cause me to be denied Housing Choice Voucher or Public Housing assistance.

Applicant's Signature: \_\_\_\_\_

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