



CHANGE OF ADDRESS

Landlord Change of Address Form

OWNER NUMBER: _____

NAME: _____ SSN#: _____

NEW ADDRESS: _____

Street

Apartment #

City

State

Zip Code

OLD ADDRESS: _____

Street

Apartment #

City

State

Zip Code

TELEPHONE: _____ FAX: _____

TENANT'S NAME: _____

TENANT'S ADDRESS: _____

SIGNATURE: _____ DATE: _____

Please mail the completed form to:
The Housing Authority
Of the City of Jonesboro, Georgia
Housing Choice Programs
203 Hightower Street
Jonesboro, Georgia 30236
Fax 770/471-4997