

Office Use

Control #: _____ Sec 8 _____

CHANGE OF ADDRESS FORM

1. Complete this form and return it to the **Taunton Housing Authority** administrative office or mail it to the following address:

**Taunton Housing Authority
30 Olney Street, Suite B
Taunton, MA 02780-4141**

2. Please make sure all information is correct and legible. (**Please print & use ink.**)

Full Name of Applicant: _____

Date of Birth: _____ **Social Security Number:** _____

Current Telephone Number: _____

Old Mailing Address: _____

New Mailing Address: _____

Applicant's Signature

Date