

**HOUSING AUTHORITY**

 of the County of Riverside

*Main Office*

*5555 Arlington Avenue*

*Riverside, CA 92504‑2506*

*(951) 351‑0700*

*ACCTG FAX (951)687-1650*

***Website:harivco.org***

**Owner Change of Address**

Today’s Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Tenant (only 1 tenant, if multiple tenants)

 \_\_

Rental Property Address for Assisted Unit:

 \_\_

Owner Name (as shown on W-9)

EIN/SNN number (as shown on W-9)

 \_\_

Owner’s new mailing address (include City, State, & zip code)

 \_\_

Owner’s old mailing address (include City, State, & zip code)

Owner Signature

**Mail this form to:**

Housing Authority of the County of Riverside

Attn: Accounting/Fiscal Department

5555 Arlington Avenue

Riverside, CA 92504

**You can also send this form by email to Section8Reqs@rivco.org.** If you have any questions, please feel free to contact Leslie Flores 951-343-5617.

**Note: Always notify the Housing Authority within 10 days of any change.**

\*\*Accounting use only\*\*

Owner ID# Tenant Person ID# \_\_\_\_\_\_\_\_ Submitted by

Rev. 4-10.23