



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 Form

Today's Date _____

Full Name of Tenant (list only one 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 Fax to 951-687-1650 or by email to Section8Reqs@rivco.org. If you have any questions, please feel free to contact Mahrees Miranda at 951-343-5444.

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

Accounting use only

Owner ID# _____ Tenant Person ID# _____ Submitted by _____