

Housing Authority Of Pompano Beach



Post Office Box 2006
321 West Atlantic Boulevard
Pompano Beach, FL 33061
(954) 785-7200 FAX: (954) 942-8142

Date: _____

LANDLORD/OWNER CHANGE OF ADDRESS

(This form should **not** be used for changes in Management Company)

Landlord/Owner Name: _____

Old Address: _____

New Address: _____

_____ Apt./Ste: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Fax: _____

Tenant Name(s): *(Attach sheet if necessary)*

Warning: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of U.S. as to any matter within its jurisdiction.

Signature _____ Date: _____

Print Name: _____ Official Title: _____

Please submit a W-9 (*see attached*) and this completed Change of Address Form to:

Housing Authority of Pompano Beach
Attention: Finance Department
321 West Atlantic Boulevard, Pompano Beach, FL 33060
Fax: 954-785-7219 Email: pompanoha@hapb.org

For Official Use Only: Date Completed _____ Initials: _____