



Housing Choice Voucher Program (HCV Program) Landlord/Owner Address Change Form

I, _____ (owner/landlord) am hereby requesting RI Housing to send all future housing assistance payments (HAP) to the following new address:

Name as it appears on check: _____

Phone Number

Home: _____ **Mobile:** _____

Email Address: _____

Property Address

Address: _____

City: _____ **State:** _____ **Zip:** _____

Old Address

Address: _____

City: _____ **State:** _____ **Zip:** _____

New Address

Address: _____

City: _____ **State:** _____ **Zip:** _____

- Please complete this form and return to RI Housing, Attn: HCVP, 44 Washington Street, Providence, RI 02903 or fax to (401) 457-1141
- Without an updated W9 the address change cannot be processed.

Signature

Date