

**CAMPBELL COUNTY DEPARTMENT OF HOUSING
ADDRESS AND/OR PHONE NUMBER CHANGE**

NAME: _____ LAST FOUR (4) OF SSN: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

PHONE NUMBER: _____ EMAIL: _____

Please be advised that if you are claiming a residency preference, additional verification of preference(s) may be required at your eligibility appointment. Information regarding preference verification can be found on our webpage and in our lobby. Applicants are required to verify any preference claimed was valid at the time it was claimed. If this change in address results in a change in your preference selection and you would like our office to update your pre-application with the new preference selection, you must provide a written request to have your preference selection amended. Address and preference information will not be updated without complete documentation.

By signing below, I certify that I have read this document and accept responsibility for the terms and information it contains.

Signature

Date

OFFICE USE ONLY: **ENTERED BY:** _____ **DATE ENTERED:** _____