
Change of Address Form

Date: _____

Program:

Section 8 Housing Choice Voucher Section 8 Project-Based Program (PB)

Massachusetts Rental Voucher Program (MRVP)

Name: (Please print) _____

Social Security #: _____ - _____ - _____

Old Mailing Address: _____

New Mailing Address: _____

Home phone # _____ Cell Phone# _____

Signature: _____

Please fill out this form and bring to our office or mail it to:

Way Finders

Attn: Rental Assistance Department

1780 Main Street,

Springfield, MA 01103

Way Finders can only confirm if your application is active on the waiting list. Once your name reaches the top of the list you will be contacted by mail.

PLEASE DO NOT WRITE BELOW THIS LINE
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Address change complete:

Staff Initials: _____

Date: _____