

THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON

APPLICATIONS OFFICE

550 MEETING STREET

CHARLESTON, SC 29403

PHONE: 843-720-3684

FAX: 843-720-5348

CHANGE OF ADDRESS REQUEST

Applicant's Name (Head of Household or Spouse)

Last Four Digits of SS#: _____

Previous Mailing Address:

City

State

Zip Code

New Mailing Address:

City

State

Zip Code

Current Email Address: _____

Telephone Number: _____

Signature

Date