

Massachusetts
Section 8 Housing Choice Voucher
Centralized Waiting List

Change of Address Request

DATE: _____ SOCIAL SECURITY #: _____

NAME: (PRINT OR TYPE) _____

SIGNATURE: _____

OLD MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

WORK ADDRESS: (HEAD OF HOUSEHOLD) _____

(SPOUSE)

CURRENT PHONE #: (_____) - _____ - _____

Note to Applicants: RETURN THIS FORM TO THE
PARTICIPATING HOUSING AUTHORITY NEAREST YOU; A
COMPLETE LIST OF PARTICIPATING HOUSING
AUTHORITIES IS WWW.SECTION8LISTMASS.ORG.

**HOUSING AUTHORITIES ARE NOT ABLE TO TELL YOU
WHERE YOU ARE ON THE WAITING LIST**, ONLY THAT YOUR
APPLICATION IS ACTIVE ON THE LIST. ONCE YOUR NAME
REACHES THE TOP OF THE LIST, YOU WILL BE CONTACTED
BY MAIL.



DO NOT WRITE BELOW THIS LINE ---- HOUSING AUTHORITY USE ONLY

ADDRESS CHANGE COMPLETE:

STAFF INITIAL: _____

DATE: _____