



**BURBANK HOUSING AUTHORITY WAITING LIST**

**REQUEST FOR ADDRESS CHANGE**

Applicant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Old Address

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

New Address

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If necessary, note application changes: Preference Change \_\_\_\_\_  
Household Size \_\_\_\_\_ Disabled Member? Yes  No  Monthly Household Income \$ \_\_\_\_\_

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_