



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
AN EQUAL EMPLOYMENT OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER
2600 Wilshire Boulevard, Los Angeles, California 90057. Telephone Number: (213) 252-2500

OWNER CHANGE OF ADDRESS REQUEST FORM

Owner or Vendor Account #: _____ (or send your last HAP check statement)

Tenant Name: _____

Tenant Address: _____ Zip _____

Owner Name: _____
(As shown on Grant Deed)

Daytime Telephone #: _____ ext # _____

Effective Date of Address Change: _____

Note: Please allow up to 60 days for your address change request to be updated in our files.

OLD MAILING ADDRESS: _____

_____ Zip _____

NEW MAILING ADDRESS: _____

_____ Zip _____

RESIDENCE ADDRESS: _____

(If different from mailing address)

_____ Zip _____

Owner Signature: _____ Date _____

Print Owner Name: _____

2nd Owner Signature*: _____ Date _____

Print Owner Name: _____

***NOTE: ALL OWNERS ON THE GRANT DEED MUST SIGN THIS FORM. Attach a separate signature page to this form if there are additional owners. Owners are required to send a copy of their government-issued identification.** If you have questions, please call 213.252.2555 or use email address: owner.services@hacla.org

Return this form by mail or in person (fax or e-mailed copies will not be accepted) to:

Housing Authority of the City of Los Angeles
2500 Wilshire Blvd 6th Floor, Owner Services
Los Angeles, California 90057

Warning: Section 1001 of title 18 of the U.S. code makes it a criminal offense to make any willful false statements of misrepresentation to any department or agency of the United States as to any false matter within its jurisdiction.