



VENDOR/LANDLORD CHANGE OF ADDRESS

Vendor/Landlord Name: _____
Vendor Number: _____

The **previous** address:

Address: _____

City, State & Zip

Phone Number: _____

The **new** address:

Address: _____

City, State & Zip

Email Address: _____

Phone Number: _____

Social Security Number or Tax ID Number: _____

Please mail all future rental assistance payments to the new address effective (date): _____

Vendor/Landlord Signature: _____

Date: _____

Please return this document to:

**Lakeland Housing Authority
Housing Choice Voucher Program
1818 Harden Blvd., Suite 140
Lakeland, FL 33803
(863) 413-3200
(863) 413-3499 - Fax**

FOR LHA USE ONLY:

Date entered in Yardi: _____
By (LHA Housing Professional): _____
Vendor No: _____

Stamp Date Received: _____