



Detroit Housing Commission

Landlord/Owner Change of Address Form

A. Tenant Section - Please Print Clearly:

1) Tenant(s) Name:

Last Name _____ First Name _____

Property Address: _____ City/State _____ Zip _____

2) Tenant(s) Name:

Last Name _____ First Name _____

Property Address: _____ City/State _____ Zip _____

B Landlord/Owner Section - Please Print Clearly:

Last Name _____ First Name _____

Previous Address _____ City/State _____ Zip _____

New Address _____ City/State _____ Zip _____

Phone Number () _____ Alternate Number () _____

Tax ID/ SSN _____ Email Address _____ @ _____

Return this form to:

**Attn: Finance Technician, Assisted Housing Division, 2211 Orleans, Detroit, MI 48207
Or Fax to (313) 393-3229 or (313) 877-8107**

If you have questions, please call 313-877-8132.....Thank you.

For in Office Use:

Date Changed Entered into System: _____ by _____