The Housing Authority of the City of Bessemer

Applicant Address Change Form

Date: _____

Applicant Information

Full Name: _____

Social Security Number (last 4 digits): ___ ___ ___ ___

Date of Birth: _____

Phone Number: (_____) _____ – _____

Email Address: _____

Previous Address

Street Address: _____

City, State, ZIP: _____

New Address

Street Address: _____

City, State, ZIP: _____

Reason for Change:

[ ] Moved to new residence

[ ] Mail not being received

[ ] Other: _____

1515 Fairfax Avenue Bessemer, AL. 35020
Phone: 205-481-4420 Fax: 205-481-4430

EQUAL HOUSING OPPORTUNITY

NOTE: It is your responsibility to report any changes to your address or household within 10 days to avoid delays or removal from the waiting list.

Certification

I hereby certify that the information provided above is true and correct. I understand that failure to report address changes may affect my status on the waiting list.

Signature: _____

Date: _____

Return this form to:
Bessemer Housing Authority
1515 Fairfax Avenue
Bessemer, AL 35020
Fax: (205) 481-4420
Email: section8@besha.org