

**NEW YORK CITY HOUSING AUTHORITY**  
**LEASED HOUSING DEPARTMENT**  
90 CHURCH STREET, 9th FLOOR  
NEW YORK, NY 10007

**LANDLORD CHANGE OF ADDRESS FORM**

This form has been designed for landlords with tenants in the New York City Housing Authority's Housing Choice Voucher Program who wish to change their mailing address.

This form is to be used for this purpose only. For any other changes, please access the NYCHA website: <http://www.nyc.gov/nycha> or contact the Leased Housing Borough Office where the property is located.

Landlords may submit one form as long as the names are an exact match, however, each vendor number must be entered.

Vendor Number(s):

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|  |  |  |  |  |  |  |

Vendor Name \_\_\_\_\_

**PREVIOUS ADDRESS**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NEW ADDRESS & CONTACT INFORMATION**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Landlord/Agent

Fax this form to the **Manager, Quality Control Unit** at **212-306-0710** or mail it to the address above.