

**APPLICATION ATTACHMENT  
APPLICANT CHANGE OF ADDRESS  
NOTIFICATION**

**APPLICANT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NEW ADDRESS :** \_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_  
CITY

STATE

ZIP

**NEW PHONE #:** \_\_\_\_\_

NOTICE: Management assumes no responsibility for inability to contact applicant. Applicant is responsible for notification to management of any change in address or status. Failure to do so may result in removal from the waiting list.