

For RHA Use Only:
Owner # _____
Date Received _____
Date of Change _____

**RALEIGH HOUSING AUTHORITY
LANDLORD CHANGE OF ADDRESS &
EMAIL ADDRESS FORM**

All information below is required for completion of change request. Please write legibly.

Landlord/Owner Name

Old Address City State Zip Code

New Address City State Zip Code

Email
(REQUIRED FOR SECTION 8 PARTICIPATION)

1. Primary Contact Telephone #: (_____) _____ - _____

2. Alternate Contact Telephone #: (_____) _____ - _____

Landlord/Owner Signature: _____

Date: _____

Fax this form to:
919-831-6919

ATTN: Inspections Supervisor

or

Scan and email form to:

bwilson@rhaonline.com