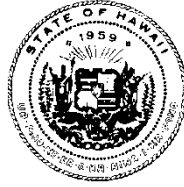


DAVID Y. IGE  
GOVERNOR



HAKIM OUANSAFI  
EXECUTIVE DIRECTOR

BARBARA E. ARASHIRO  
EXECUTIVE ASSISTANT

**STATE OF HAWAII**  
HAWAII PUBLIC HOUSING AUTHORITY  
1002 NORTH SCHOOL STREET  
POST OFFICE BOX 17907  
HONOLULU, HAWAII 96817

IN REPLY PLEASE REFER TO:

## SECTION 8 APPLICATION ADDRESS CHANGE FORM

If you have a change in address phone number, please report that to the HPHA immediately by completing the form below.

Head of Household Last name, First name: \_\_\_\_\_

Last 4-digit Social Security Number: \_\_\_\_\_. (Do not write your full social security number.)

I am reporting the followings changes to my Section 8 Application:

New Mailing Address: \_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_  
City State Zip Code

New Phone Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

Print Name of Person reporting change: \_\_\_\_\_

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Submit the completed form to: Hawaii Public Housing Authority  
1002 N. School Street, Building H  
Honolulu, HI 96817  
or fax it to (808) 832-3461

If you have any questions, please feel free to contact our office at (808) 832-6404.

<b>For Official HPHA Use Only:</b>
Name of Person who input in Elite:
Date Entered in Elite:
Notes: