



**Housing Choice Voucher Application/Waiting List Change of Address
Form**

All fields MUST be filled in

Head of Household Name: _____

Head of Household Social Security Number: _____

Date Address Changed: _____

New Legal Address: _____

Mailing Address: _____
(If different than legal) _____

New Phone Number: _____

Head of Household Signature: _____

Date: _____

Mail or fax the completed form to:

Integrated Community Solutions
2605 S. Oneida St. Suite 106
Green Bay, WI 54304

Fax: (920) 498-3738