

CHANGE OF ADDRESS FORM

**Complete form and either Fax to 518-745-7862 or Mail to:
Glens Falls Housing Authority
45 Ridge Street
Glens Falls, NY 12801**

Landlord Information:

Landlord Full Name: _____

Landlord Old Address: _____

Landlord NEW Address: _____

Phone #: _____ Cell #: _____ Fax#: _____

Email Address: _____

Tenant Name(s):

Owner Signature: _____