

## CHANGE OF ADDRESS FORM

Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

In addition to completing this form, you must also provide us with proof of address as explained in the cover letter.

**No further service can be provided until all the required documentation has been returned.**

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Complete the numbered sections below with information about your new address.

1. \_\_\_\_\_  
Number Street Apt. # Telephone #  
\_\_\_\_\_  
City/Town Zip Code  
Mailing Address, if different: \_\_\_\_\_

2. How many people live in your new apartment/house? \_\_\_\_\_

3. Do you **OWN** or **RENT** (circle one)

4. If you rent, is the heat included in your rent? **YES** or **NO** (circle one)

5. Do you live in subsidized housing? **YES** or **NO** (circle one)  
If yes, what type? (Section 8/HCV, MRVP, etc.) \_\_\_\_\_

6. The amount of rent/mortgage **YOU** pay. \$ \_\_\_\_\_ /month \$ \_\_\_\_\_ / week

7. Do you live in a single family home? **YES** or **NO** (circle one)  
If no, how many apartments are there in the building? \_\_\_\_\_

8. If you do not own, but rent your home or apartment, you must provide the following information about your landlord:

\_\_\_\_\_  
Name of your landlord Telephone number  
\_\_\_\_\_  
Street Apt.# City/Town ZIP Code

9. If you pay for your own heat, answer the following:

Your fuel vendor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Primary heat source: Oil \_\_\_ Natural Gas \_\_\_ Electricity \_\_\_ Propane \_\_\_ Kerosene \_\_\_ Wood \_\_\_ Coal \_\_\_  
If the bill is not in your name, state the name on the bill and the reason why it is not in your name.  
\_\_\_\_\_

10. If you have electricity or natural gas in addition to your primary source of heat, give us those new account number(s). \_\_\_\_\_ (you always receive a new account number)

11. Answer this question only if you pay your own heat. Does your apartment share the heating system with other apartments? **YES** or **NO** (circle one) If yes, how many apartments share? \_\_\_\_\_

12. The date you moved to your new address: \_\_\_\_/\_\_\_\_/\_\_\_\_

13. Your signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_