

**Chelsea Housing Authority
54 Locke Street
Chelsea, Massachusetts 02150**

Phone: 617.884.5617 | Fax: 617.884.6552 | TDD: 617.889.0586

Change of Address

Date: _____

Control Number(s): _____

Social Security Number: _____

I, _____, have moved

From:

Previous Address:

To:

New Address:

On:

Effective Date

The new address stated above will be:

Permanent

Temporary

Check here if your mailing address is the same as your home address

If your mailing address is not your home address please list below:

If your phone number has changed, please list it below:

New Phone Number: _____

Head of household signature: _____ Date: _____