



INDEPENDENCE HOUSING AUTHORITY

OWNER CHANGE OF ADDRESS

Please fill out form completely:

Owner Name: _____

New Address: _____

City / State

Zip Code

Email Address: _____

Contact Phone Number: _____

Owner's Old Address: _____

City / State

Zip Code

Tenant's Name: _____

Tenant's Address: _____

City / State

Zip Code

Central Office
4215 S. Hocker Dr., Bldg. 5
Independence, MO 64055
816-836-9200