

LANDLORD / OWNER INFORMATION CHANGE FORM

Landlord

Owner

Both

Current Information:

Name: _____

Address: _____

City / State / Zip Code: _____

Telephone Number: _____

New Information:

Name: _____

Address: _____

City / State / Zip Code: _____

Telephone Number: _____

Tax Identification Number: _____

Email Address: _____

Effective Date of Change: _____

Landlord / Owner Signature

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Walla Walla Housing Authority | 501 Cayuse Street | Walla Walla Washington 99362 | 509-527-4542 | Fax 509-527-4574

Hearing-impaired, use statewide relay service number 1-800-833-6384 | www.wallawallaha.org | wwha@wallawallaha.org

