



**THE LONGMONT
HOUSING AUTHORITY**

www.longmontha.com

CHANGE OF INFORMATION - ADDRESS
MAILING OF HAP CHECKS

Please return completed form to:
LONGMONT HOUSING AUTHORITY

1228 Main Street
Longmont, CO 80501
Telephone: (303) 651-8581
Fax: (303) 682-2899

Or email us at: info@longmontha.com

Landlord Information:

Change from:

Name: _____

Address: _____

City/ST/Zip: _____

TO

Name: _____

Address: _____

City/ST/Zip: _____

Telephone: _____ Wk

_____ Hm

_____ Email

Tax ID/SSN _____

For 1099 Misc. income tax purposes, check
whether you are a: _____ Sole Proprietor

_____ Partnership

_____ Corporation

_____ Real Estate Agent

Tenant Name: _____

Address: _____

City/ST/Zip: _____

Please list any additional LHA tenants below.

Upon receipt of this form all future housing assistance payments should be sent to the (*TO*)
address I have indicated above.

Authorized Signatory

Date

Please read, sign and return to our office. To insure the proper payment is made requests, for a
change of landlord/owner, must be received by **LHA NO LATER THAN THE 25TH OF THE
MONTH.** If you have any questions regarding this, please contact LHA during our regular office
hours.