

## CHANGE OF ADDRESS FORM

Complete this form to notify us of any change in your address.

Account Number:		
Name:		
Address:		
City:	State:	Zip:
Telephone: Is this a cell phone number? Yes If yes, do you give consent for us to Yes No	No contact you using the cell phone num	ber provided?

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Signature Required:

Please mail the completed form to SC Housing, 300-C Outlet Pointe Blvd, Columbia, SC 29210 or you may scan (with your signature) and email it to Servicing@schousing.com