



AMEEN HOUSING CO-OPERATIVE OF CALIFORNIA, INC.

2060 Walsh Avenue, Suite 101, Santa Clara CA 95050
Phone: 408-986-9786 Fax: 408-986-9787 Website: www.ameenhousing.com

CHANGE OF ADDRESS REQUEST

PLEASE TYPE OR PRINT:

DATE: _____

NAME: _____ MALE: FEMALE:
(First) (Middle) (Last)

IS THE MEMBER A MINOR? _____

PARENT'S _____ OR LEGAL GUARDIAN'S _____ NAME (for a Custodial Membership): _____
Check either PARENT or GUARDIAN for a Custodial Membership *

MEMBERSHIP NO*.: _____ PARENT/GUARDIAN'S MEMBERSHIP NO.*: _____

ADDRESS: _____
(Number & Street) (City) (State) (Zip)

PHONE: (home) _____ (Cell): _____ DRIVERS LICENSE # _____

EMAIL: (1) _____ EMAIL: (2) _____

PREVIOUS INFO:

PREVIOUS ADDRESS: _____
(Number & Street) (City) (State) (Zip)

PREVIOUS PHONE: (home) _____ (Cell): _____ DRIVERS LICENSE # _____

PREVIOUS EMAIL: (1) _____ EMAIL: (2) _____

CURRENT INFO: (PLEASE ENTER ALL THE CURRENT INFORMATION BELOW)

ADDRESS: _____
(Number & Street) (City) (State) (Zip)

PHONE: (home) _____ (Cell): _____ DRIVERS LICENSE # _____

EMAIL: (1) _____ EMAIL: (2) _____

EFFECTIVE DATE FOR CHANGE*: _____

ARE YOU MOVING-OUT OF A HOME THAT YOU BOUGHT IN PARTNERSHIP WITH AMEEN*? (Circle One) YES / NO

IF YES, HAVE YOU INFORMED AHC BOARD ABOUT MOVING FROM YOUR PRIMARY RESIDENCE*? (Circle One) YES / NO

REASON(S) FOR ADDRESS CHANGE: _____

PLEASE NOTE:

1. It may take up to 30 days for AHC to update records. AHC staff may call you to confirm changes requested.
2. For **Custodial Membership Accounts**, **ONLY** the parent or legal guardian who signed the original Application Form **AND** is an AHC member **is authorized** to request "Change Of Address".
3. *AHC Regulations require a member who owns a home in partnership with AHC to make that home the **sole primary residence**.
4. This form should be printed, completely filled out and duly signed
5. Completed form should be mailed to the following address below or email to support@ameenhousing.com:

ATTN: **Member Services/CHANGE OF ADDRESS**

**2060 Walsh Avenue, Suite 101,
Santa Clara, CA 95050**

I/WE HAVE READ THE REGULATIONS & BY-LAWS OF THE CO-OPERATIVE, I/WE UNDERSTAND THEM AND AGREE TO FULLY ABIDE BY THEM.

_____/_____/_____
Signature(s) of Member Date Signature of Spouse Date