

AMEEN HOUSING CO-OPERATIVE OF CALIFORNIA, INC.
800 San Antonio Rd Suite #1, Palo Alto, CA 94303-4616
Phone: 650-856-0440 Fax: 650-856-0444 Website: www.ameenhousing.com

CHANGE OF ADDRESS REQUEST

PLEASE TYPE OR PRINT:

DATE: _____

MEMBER'S NAME: _____ 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 *

ADDRESS: _____

PHONE: (home) _____ (work) _____ FAX: _____

EMAIL: (home) _____ (work) _____

MEMBER'S SOCIAL SECURITY NO.: _____ MEMBERSHIP NO.: _____

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

PREVIOUS INFO:

PREVIOUS ADDRESS: _____

PREVIOUS PHONE: (home) _____ (work) _____ FAX: _____

PREVIOUS EMAIL: (home) _____ (work) _____

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

ADDRESS: _____

PHONE: (home) _____ (work) _____ FAX: _____

EMAIL: (home) _____ (work) _____

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. **NO** "Change Of Address" applications are accepted via Internet or through Email.
5. Completed form should be delivered either in person or mailed to the following address:

ATTN: Member Services/CHANGE OF ADDRESS
Ameen Housing Coop
800 San Antonio Road,
Suite 1,
Palo Alto, CA 94303

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