

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