



Change of Address Request Form

Purpose: This request form is provided for Discrimination Financial Assistance Program (DFAP) applicants to request a change of address on their already-submitted Application.

Please use this form only if you have (1) already submitted your DFAP Application AND (2) have a different mailing address than the one used on your Application.

Instructions:

- You **must** complete **all** required fields in this Change of Address Request Form.
- You also **must provide supporting documentation** to validate your request.
- Requesting the address change without providing the required information/documentation will result in your address not being changed.

Applicant Name: _____

DFAP Application Confirmation ID(s), if known: _____

Social Security Number or Individual Taxpayer ID Number: _____ - _____ - _____

Prior Mailing Address as provided on your Application(s):

Street/Mailing Address: _____ Apartment/Suite Number _____

City: _____ State: ____ Zip: _____

New Requested Address:

Street/Mailing Address: _____ Apartment/Suite Number _____

City: _____ State: ____ Zip: _____

I certify that the information provided in this Change of Address form and any documents provided in support of it are true and accurate to the best of my knowledge, and I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____

Required Documentation:

You **must** include proof of **both** identity and address from the list below depending on what is provided. If you provide a photocopy of a valid item from Column 1, you do not need to provide any documentation from Column 2 or Column 3. If you cannot provide a document from Column 1, **you must provide** at least one item from BOTH **Column 2 and Column 3**.

Submission Instructions: Mail Change of Address Request Form (this page of this document) and provide photocopies of your valid documentation according to the table below. We cannot accept an emailed version of this document or documentation; if you email it that will *not* change your address.

Mail this form and supporting documentation to:

USDA FPAC Mail Center, Room 0103

Attn: CHANGE OF ADDRESS Discrimination Financial Assistance Program - IRA 22007

1400 Independence Ave.

Washington, DC 20250

POC: Alex Martin/Marc Sumner

Column 1		Column 2	Column 3
Proves both Identity and Address Choose one from this column	OR	Proves only Identity Choose one from this column	Proves only Address Choose one from this column
<ul style="list-style-type: none"> • Driver's License or ID card (containing the applicant's name and the updated address on the ID itself) 		<ul style="list-style-type: none"> • U.S. passport • U.S. military ID card • U.S. military dependent's ID card • U.S. Social Security Card issued by the Social Security Administration • Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal • U.S. citizen ID card (Form 1-197) • ID card for use of Resident Citizen in the United States (Form 1-179) • Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) • Unexpired employment authorization document issued by the Department of Homeland Security • ID document issued by the federal government, a federally recognized tribal government, or a state recognized tribal government • Voter registration card 	<ul style="list-style-type: none"> • Tax bill issued within the last year showing applicant's name and new requested address • Utility bill issued within the last 60 days showing applicant's name and new requested address • Voided check imprinted with applicant's name and new requested address • Bank statement issued within the last 60 days showing applicant's name and new requested address • Government issued medical ID card showing applicant's name and new requested address • Valid vehicle registration showing applicant's name and new requested address • Current pay stub, imprinted with company name, issued within the last 60 days and showing applicant's name and new requested address • Rent receipt, imprinted with the property management company or apartment building name, issued within the last 60 days and showing applicant's name and new requested address