



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.

This form must be postmarked no later than March 8, 2024; if you need to request a change of address later than that date, please call the DFAP call center, 1-800-721-0970.

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 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 your Change of Address Request Form (page 1 of this document) and provide photocopies of your valid documentation according to the table below. See page 3 for the address of your Regional Processing Center to submit your Change of Address Request Form and valid documentation. We cannot accept an emailed/scanned version of this document or documentation; if you email it that will *not* change your address.

Column 1		Column 2		Column 3
Proves both Identity and Address Choose one from this column	OR	<u>Proves only Identity</u> Choose one from this column	PLUS	<u>Proves only Address</u> 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



How to submit your Change of Address Request Form and valid documentation:

The table below provides the mailing address you should use when submitting your Change of Address Request Form and valid documentation, based on the state where your farm, ranch, or land is (or was) located. If you have questions on where to mail your required items, contact the DFAP Call Center at 1-800-721-0970.

If your farm, ranch, or land is located in these states,	send your request to...	
Connecticut	New York	22007 Application Processing Center
Delaware	North Carolina	Attn: Windsor Group, LLC
District of Columbia	Pennsylvania	c/o DFAP Region 1
Georgia	Rhode Island	6710A Rockledge Dr.
Maine	South Carolina	Suite 400,
Massachusetts	Vermont	Bethesda, MD 20817
Maryland	Virginia	
New Hampshire	West Virginia	
New Jersey		
Alabama	Mississippi	22007 Application Processing Center
Florida	Ohio Puerto Rico	Attn: Windsor Group, LLC
Illinois	Tennessee	c/o DFAP Region 2
Indiana	US Virgin Islands	Gainesville Technology
Kentucky	Wisconsin	Entrepreneurship Center (GTEC)
Michigan		2153 SE Hawthorne Rd, Suite 217 Gainesville, FL 32641
Arkansas	Nebraska	22007 Application Processing Center
Iowa	North Dakota	Attn: Analytic Acquisitions - DFAP Region 3
Kansas	Oklahoma	c/o Mon Abri Business Center
Louisiana	South Dakota	2524 N. Broadway
Minnesota	Texas	Suite 338
Missouri		North Edmond, OK 73034
Alaska	Hawaii	22007 Application Processing Center
American Samoa	Idaho	Attn: Analytic Acquisitions - DFAP Region 4
Arizona	Montana	c/o Mon Abri Business Center
California	Nevada	2524 N. Broadway
Colorado	New Mexico	Suite 338
Guam	Oregon Utah	North Edmond, OK 73034
Commonwealth of the Northern Mariana Islands	Washington	
	Wyoming	