

ADU CHANGE OF INFORMATION FORM

Please complete this form when there is a change in any of the following information. Attach the appropriate documentation as indicated below and send to the Loudoun County Department of Housing and Community Development at the address above. **Changes will not be made without appropriate documentation.**

1. Address: Provide evidence of new address, e.g. a copy of a lease or utility bill in your name at the new address.
2. Change of Employer: Provide an updated Verification of Employment Form
3. Phone Number: No documentation required

Name (please print) _____

New Address: _____

New Employer: _____

New Phone #: _____

I/We certify the above revised information is true and falsification of any information provided on this form could cause my/our ADU Program certificate to be revoked.

Applicant Signature Date: _____

Co-Applicant Signature (if necessary) Date: _____

Subscribed and sworn to, in my presence, this _____ day of _____, _____ I, _____, a Virginia Notary Public, in and for County/City of: _____ Notary Public: _____ My commission expires: _____
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Do not write below this line / County Use Only

Change completed in System:

_____ L/W _____ W _____ L _____ N L/W

By: _____ Date: _____
Housing Specialist