



**HOUSING AGENCY RETIREMENT TRUST**

*Change of Address Form #120*

Plan Number: **598** 362 \_\_\_\_\_

Agency Name: Housing Authority of the City of Asheville

Employee Social Security Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Correct Address: \_\_\_\_\_

\_\_\_\_\_

Name (Please Print): \_\_\_\_\_

(Name of Person Requesting this Change)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted by: Sarah Fowler, Accountant/Payroll & Benefits  
Phone: 828.239.3509  
Fax: 828.236.1388

<p><b>Please return to:</b></p>	<p><b>Housing Agency Retirement Trust c/o ADP Retirement Services 4801 Olympia Park Plaza Drive Suite 2000 Louisville, KY 40241</b></p> <p><b>Phone: 1-800-798-2044 Fax: 1-973-712-7489</b></p>
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