



1400 Oakside Drive #76 Canton, GA 30114
Main: 770-479-4969 Fax: 770-479-8118
TDD: 770-479-6988

Vehicle Registration Update Information

Date: _____

Name of Household Member: _____

Unit Address: _____

Do you currently have a vehicle at your unit: YES _____ NO _____ If yes, please complete the rest of this form.

Vehicle Information

Make: _____ **Model:** _____ **Year:** _____

Tag Number: _____ **Tag Expiration Date:** _____

Is the vehicle registered? YES _____ NO _____

Name of person vehicle is registered under: _____

Address where vehicle is registered: _____

Is the vehicle currently insured according to GA law? YES _____ NO _____

If so, is the insurance current? YES _____ NO _____

Insurance Company Name: _____

Contact Information: _____

***Please be advised that all vehicles on CHA property must be in working order, registered and insured according to state law. Vehicles that are not in compliance may be towed at the owner's expense. Failure to maintain compliance with the rules regarding vehicles on the property may result in termination from assistance and further eviction. ***

