



## WASHINGTON COUNTY LOSAP CHANGE PRIMARY COMPANY AFFILIATION FORM

### HOW TO USE THIS FORM

Use this form to change where you receive want to receive your LOSAP & TAX SUBTRACTION MODIFICATION FORMS.

FAX this FORM to WCVFRA at 301-714-0832

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

I am currently receiving my forms at Company \_\_\_\_\_, please change this, so that my forms will now go to Company \_\_\_\_\_.

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

(Volunteers Signature)