

Change of Address

Ministry of Social Services
Box 2405 Stn. M
Regina, SK S4P 4L7
Phone: 1-866-221-5200 | TTY: 1-866-995-0099
Email: income.supportss@gov.sk.ca | Fax: 306-798-4040

Your Information

First Name	Last Name	Client Number
Email Address		Phone

Date you moved or will move into your new address: _____

New Mailing Address Information

Unit Number, Street Number and Name, PO Box #, General Delivery	City/Town	Postal Code
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If your physical address is not where you receive your mail (for example, you have a post office box or you live on a rural property), please provide a street address, land location or directions to your home:

Street Address, Land Locations, Directions	City/Town
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Do you pay to live or sleep at this location? Yes No If yes, provide us a copy of your tenancy agreement. If you do not have a tenancy agreement, please provide a current rent receipt that includes the property owner's name (or agent who acts on behalf of the owner), address and phone number. Make sure the tenancy agreement or rent receipt is signed by the owner or agent.

The following questions will help the Ministry of Social Services determine if you are eligible for additional benefits. The ministry may require you to provide further information.

Do you pay to heat your home with electric heat, wood, coal, propane or oil? Yes No If yes, provide us a copy of your bill.

Are you required to pay a security deposit? Yes No If yes, provide the amount \$ _____

What is the reason you are moving (or moved)? _____

Declaration – by signing or agreeing, I solemnly agree that all information in this application is true and complete. I make this declaration believing it to be true, knowing it is of the same force and effect as if made under oath. I understand I may be subject to criminal prosecution for withholding or providing false or misleading information.

Signature _____

Date _____