

Move form

Case Number	For Office Use Only
	<input style="width: 150px; height: 20px;" type="text"/>



Worker's Name	Phone Number	Regional Office
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Before you move, please complete and return as soon as possible to prevent any delay in receiving your social assistance benefits. If you are renting, you must give your landlord one month written notice prior to vacating the premises. This means your landlord must be notified before you pay your final month's rent. You are responsible for any damages to the place you rent. You are also responsible for reporting your change of address to Saskatchewan Health.

Reason for move: _____

Date of move: (yyyy/mmm/dd) _____

Surname, Given Name, Middle Name			Birthdate
			_____ yyyy/mmm/dd
New Address	City/Town	Postal Code	New Phone Number
Mailing Address			

If mailing address is a box number, please provide street address, legal land description or direction to your home.

Indicate a new shelter arrangement:

- Rent
 Room Rental *(no cooking or bathroom facilities)*
 Board and Room
 Board and Room - with parents
 Mortgage
 Home paid for
 Other *(ie: safe shelter, basic allowance only)* _____
 Special Care Home
 Group Home
 Approved Home
 Personal Care Home
 Family Home *(Non-approved)*

How much do you pay per month? \$ _____

If you are paying for your shelter, please complete this section.

Name of landlord, agency mortgage holder or facility operator	
Landlord's signature:	Landlord's phone number:

Does your new landlord require you to pay a security deposit? Yes No If yes, amount \$ _____

Name and address to whom the security deposit guarantee should be issued:	Office Use Only
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(over)

If you rent or own your home, do adults other than you and your spouse live with you? Yes No

If yes, please complete the following:

Name of adult living with you	Relationship to you	Monthly amount they pay

Utilities

Please check the utilities in your or your spouse's name: *(provide invoices or statements from the utility provider)*

- Electricity Energy Water Telephone Septic Tank Water Heater Rental
 Heating Oil Propane Wood Other *(describe)* _____

Hook-up fee: Power \$_____ Water \$_____ Telephone \$_____

Laundry – Do you pay to use laundry equipment or do you pay to have your laundry done? Yes No

Moving Costs – Must be approved in advance. Amount of moving costs: \$_____

I state that the information given on this Move Form is true, correct and complete and that I have not withheld any information which may have an effect on my assistance benefits. I understand that I may be liable to criminal prosecution for withholding information or providing false or misleading information. I give permission to the Ministry of Social Services to verify any of the information on this form.

Signature of Client

Date: _____
yyyy/mmm/dd

Signature of Trustee *(if applicable)*

Date: _____
yyyy/mmm/dd

Signature *(if completed by someone other than the client)*

Date: _____
yyyy/mmm/dd

Witness *(if signed by mark)*

Date: _____
yyyy/mmm/dd