

# Move Form

For Office Use Only

Case Number: \_\_\_\_\_

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Worker's NamePhone NumberRegional Office

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/MM/DD

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
YYYY/MM/DD  
Surname, Given Name, Middle Name

New Address: \_\_\_\_\_  
Mailing AddressCity/TownPostal Code

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

New Phone Number: \_\_\_\_\_

### Indicate a new shelter arrangement:

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Rent  | <input type="checkbox"/> Board and Room                                | <input type="checkbox"/> Mortgage   | <input type="checkbox"/> Home paid for      |
| <input type="checkbox"/> Room Rental<br><small>No cooking or bathroom facilities</small> | <input type="checkbox"/> Board and Room<br><small>With parents</small> | <input type="checkbox"/> Other<br><small>ie: safe shelter, basic allowance only</small> | _____                                       |
| <input type="checkbox"/> Special Care Home   | <input type="checkbox"/> Group Home                                    | <input type="checkbox"/> Approved Home  | <input type="checkbox"/> Personal Care Home |
| <input type="checkbox"/> Family Home<br><small>Non-approved</small>                      |  |   |   |

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 \_\_\_\_\_

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Landlord's signatureLandlord'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: \_\_\_\_\_

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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

- |                                      |   |                                      |                                    |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Energy                 | <input type="checkbox"/> Water       | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Water Heater Rental    | <input type="checkbox"/> Heating Oil | <input type="checkbox"/> Propane   |
| <input type="checkbox"/> Wood        | <input type="checkbox"/> Other (describe) _____ |                                      |                                    |

Hook-up fees: 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/MM/DD

Signature of Trustee  
if applicable \_\_\_\_\_

Date: \_\_\_\_\_  
YYYY/MM/DD

Signature  
If completed by someone other than the client. \_\_\_\_\_

Date: \_\_\_\_\_  
YYYY/MM/DD

Witness  
If signed by mark \_\_\_\_\_

Date: \_\_\_\_\_  
YYYY/MM/DD