

# Move form

For Office Use Only
Case Number <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 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/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