

CHANGE OF ADDRESS

CASEWORKER: _____ DATE: _____

Please complete and return immediately with verifications such as: lease or rent and utility receipts or statement from landlord stating the rent amount, which utilities must be paid and heat source.

Case Name: _____ Social Security Number: _____

Case Number: _____ Date you moved to new address: _____

Old address: _____ City: _____ Zip Code: _____

New address: _____ City: _____ Zip Code: _____

Phone number where you can be reached: _____

Name of Landlord: _____ Landlord's phone number: _____

Landlord's address: _____

NEW LIVING ARRANGEMENTS

Amount of rent paid: _____ How many rooms (not counting bathroom): _____

Does rent include utilities? yes no Which utilities do you pay? _____

What is your heating source? _____ What is your cooling source? _____

Do you share any shelter costs? yes no Explain: _____

**List all persons, relationship and income at same residence as you (including children).
 If additional space is needed, please use reverse side of this form.**

NAME	RELATIONSHIP	INCOME

What school district do you live in? _____

What school would or will your children go to? _____

Are you on the Food Stamp program? yes no

If so, under who's name are you certified for Food Stamps? _____

Signed: _____ Date completed: _____