

C.E.P.S Change of Address Form

Name: _____ SSN: _____

New Address: _____

Phone Number: _____ (City, State, Zip)

Landlord's Name: _____

Landlord's Address: _____

Phone Number: _____ (City, State, Zip)

When did you move to the above address? _____ Rent Amount \$ _____

(If this is a Board and Care Facility, Stop here and sign the bottom of the form)

Are you or anyone, you live with related to the landlord? Yes _____ No _____

If yes, who is related to the landlord and how are you/they related? _____

If parent or child relationship (need form SSA-5061 completed by landlord)

Did you sign the rental agreement? **If yes, provide copy** Yes _____ No _____

If no, name the person who did sign the rental agreement _____

Is there a working stove and refrigerator at your new address? Yes _____ No _____

If no, fill out a restaurant meals allowance application.

Do you need help with your personal care and hygiene? Yes _____ No _____

Does any person (not living with you) or any agency pay for any of your food or shelter items or

provide you or your household with any food or shelter item? Yes _____ No _____

Does any person or agency provide you with clothing? Yes _____ No _____

If yes to any of the above, please explain _____

Is this a private room rental agreement? Yes _____ No _____

(i.e.: Room and board, friend or relative who is not your parent or child)

If yes, complete the two room rental forms. (1) From Landlord and (2) from Claimant

IF PRIVATE ROOM RENTAL STOP HERE AND SIGN THE BOTTOM OF THIS FORM

Do you live alone? **(If no, will need forms SSA-8006 and/or SSA-8011)** Yes _____ No _____

If no, list name, age, and SSN if they are on SSI, GA or AFDC:

Name _____ DOB _____ SSN _____ SSI _____ GA _____ AFDC _____

Name _____ DOB _____ SSN _____ SSI _____ GA _____ AFDC _____

Do you share rent and utilities with these people? Yes _____ No _____

If yes, complete form SSA-8006 and the household (person with rental liability) completes form SSA-8011

Do you purchase all of your food separately from the rest of the house? Yes _____ No _____

Signed: _____ **Date:** _____

(By Claimant or payee)