

# Representative Payee Change of Address Form



Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Move: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Current Landlord: \_\_\_\_\_  
Phone: \_\_\_\_\_

**New Address:** \_\_\_\_\_  
\_\_\_\_\_

**Rent Amount:** \_\_\_\_\_

**New Landlord Address:** \_\_\_\_\_  
\_\_\_\_\_

**New Landlord:** \_\_\_\_\_  
Phone: \_\_\_\_\_

Are utilities included? YES NO

Is the client in a fair share arrangement? YES NO

Does anyone, not living at the residence contribute to the client's household expenses? YES NO

If yes, please explain  
\_\_\_\_\_

Is the client or anyone living at the residence, related to the Landlord? YES NO

If yes, please explain  
\_\_\_\_\_

Are there others living in the household? YES NO

If utilities are **NOT** included, what other bills is the client responsible for?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, please provide the following information for each household member.

Full Name	Date of Birth	Relationship	Monthly Contribution	Lived at previous address?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO

Client Signature

Date

Counselor Signature

Date

Return this form

Mail to: 1100 Rutherford Road Greenville SC 29609

Fax to: 864-467-3571