



Job Center: _____

Date: _____

Case Number: _____

Case Name: _____

Applicant's/

Participant's

Telephone Number: _____

Move Statement

You **and** the moving company must sign this form after all of your things are moved to your new address.

Moving Company Name and Address:

Your Statement:

The moving company listed above moved my things on _____ to my new address at _____.

What did the moving company move for you?

Item	Boxes	Beds	Chairs	Tables	Dressers	Sofas
How many?						

Other: _____

Applicant's/Participant's Signature

Date

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn over)

Mover's Statement: I (we) certify that the applicant's/participant's furniture and possessions, consisting of _____ items, have been moved to the address on page 1.

We are asking for payment of \$ _____ in moving fees.

Mover's Signature

Title of Moving Company Employee

Employee License Number

Failure to provide true and accurate statements is punishable as a Class A misdemeanor, pursuant to Penal Law 175.30 (offering a false instrument for filing to a public office or a public servant).