



Community Coordinated Care for Children, Inc.

Orange County
3500 W. Colonial Drive, Orlando, FL 32808
(407) 522-2252



PROOF OF RESIDENCY FORM

(This form must be notarized)

***Note: This form is to be completed by the person with whom the applicant resides or by the person that holds the lease or rental agreement. The person completing this form must also provide one of the following: a power bill, gas bill, water bill, mortgage statement, lease agreement, or rental agreement in their name showing the full residential address.**

If providing one of the bills listed above, it must be a bill from within the last 6 weeks of the applicant's submission date. *

To Whom It May Concern:

Name of Applicant

Resides at: _____
Residential Address

City County State Zip Code

Relationship to Applicant: _____

Printed Name of Leaseholder: _____

Telephone number of Leaseholder: _____

Signature of Leaseholder

Date

(Section below to be completed by Notary)

Subscribed and sworn to, before me this _____ day of _____, 20_____

My commission expires: _____

County of: _____

Signature of Notary: _____