



Community Coordinated Care for Children, Inc. (4C)

3500 West Colonial Drive, Orlando, Florida 32808
(407) 522-2252 www.4cflorida.org



RESIDENCY VERIFICATION FORM

Parent/Guardian Name: _____ Phone: _____

Children's Names: _____

Current Home Address: _____ City: _____ Zip Code: _____

TO BE COMPLETED BY LANDLORD OR PROPERTY OWNER:

I AFFIRM THAT FAMILY MEMBERS LISTED ABOVE CURRENTLY RESIDE AT THE ADDRESS LISTED ABOVE.

Landlord/Property Owner Name PRINTED: _____ Phone: _____

Landlord/Property Owner SIGNATURE: _____ Date: ___/___/___

TO BE COMPLETED BY PARENT/GUARDIAN IN THE PRESENCE OF A NOTARY:

I AFFIRM THAT I AM UNABLE TO PROVIDE ONE OF THESE DOCUMENTS TO VERIFY MY RESIDENCY AND THAT MY CHILD(REN) AND I LIVE AT THE ADDRESS LISTED ABOVE.

- Valid Florida driver license with my name and current address
- Florida identification card with my name and current address
- Recent utility bill in my name with current address listed
- Recent paystub with my name and current address listed
- Property tax assessment in my name showing homestead exemption
- Current and valid residential rental agreement or lease in my name with address listed
- Military orders

Parent/Guardian Name PRINTED: _____

Parent/Guardian SIGNATURE: _____ Date: ___/___/___

THIS FORM MUST BE NOTARIZED

Oath or Affirmation:

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by _____.

Name of Notary Typed, Printed, or Stamped:

Signature of Notary Public-State of Florida: _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____