



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

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



**RESIDENCY VERIFICATION FORM - HOMELESS**

Parent/Guardian Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

- I AFFIRM THAT I AM CURRENTLY EXPERIENCING HOMELESSNESS;
- I AFFIRM THAT I RESIDE IN ORANGE COUNTY, FLORIDA;
- I AM UNABLE TO PROVIDE ONE OF THESE DOCUMENTS TO VERIFY MY RESIDENCY:
  - 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 \_\_\_\_\_