



RESIDENCE VERIFICATION FORM:

The Residency Form must be completed by your landlord, public housing authority, a friend, or adult family member who can attest to your living arrangements. Be sure that whoever fills out the form provides their full name and daytime phone number

Case Number: 118947431

IF THIS FORM IS COMPLETED BY ANYONE THAN WHO SIGNS THE FORM, IT MAY NOT BE ACCEPTED

INSTRUCTIONS TO LANDLORD OR AUTHORIZED INDIVIDUAL:

Name: _____ DAYTIME PHONE#: _____

(Print)

Relationship to applicant: _____

I know the applicant _____

Who lives at _____

(Use actual street address)

List all other people (including children) who live at this address. Regardless if they are applying for benefits or not. Be sure to include the age and relationship to the APPLICANT for each person listed.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>

SIGNATURE _____

ADDRESS _____

DATE _____
