

Declaration of Household Members

I,	attest that	
(name of other adult household member) is my live in boyfriend/girlfriend/roommate. He/sl	ne is
not my spouse or the biological or legal p	parent/guardian of the following minor child(ren)	
for whom I am receiving care for. He/sh part of my household.	ne does not contribute money nor consider him/herse	, lf as
shown below. I understand and o am obligated to notify the Ea further understand that failure	rtify the above representations to be true as of the a agree that if for any reason this information chang rly Learning Coalition within (10) calendar days. e to report such changes could result in my childca ing denied or terminated.	es, I I
Parent/Guardian Signature	 Date	
Sworn to and subscribed before me this	day of	
Notary Public – State of Florida	My Commission Expires	