

Verification of Residence

MUST SUBMIT A COPY OF YOUR LEASE/MORTGAGE OR MAJOR UTILITY BILL WITH THIS FORM IN YOUR NAME

I. TO BE COMPLETED BY THE PERSON VERIFYING CLIENT'S OR OTHER PERSONS RESIDENCE:

I _____ affirm the following information:

Check Relationship to Tenant/ELC Client:

- Housing Assistance Program Staff (Provide Company Stamp)
- Tenant/ ELC Client's **Landlord** (Provide Company Stamp, If Applicable);

(Company Stamp Here)

Lease Expiration Date: _____ **OR** check if agreement is month-to-month.

- Not Landlord but Relative/Non-Relative Property Owner Residing at Different Address;
- ELC Client / Other Person lives with me and our Personal Relationship is: _____

ELC Client's / Person's Name: _____

Residential Address: _____ City: _____

ST: _____ Zip: _____

Client's / Person's Children in Home: 1. _____, 2. _____

3. _____, 4. _____,

Does the ELC Client / Person have a Spouse or Significant Other Also Living in the Home?

If yes, write that person's name here _____ Move-In Date: _____

OR No Spouse or Significant Other in the Home

Notary not required for Housing Assistance Program and Landlord with official company stamp.

II. TO BE COMPLETED BY THE PERSON VERIFYING CLIENT'S RESIDENCE IN THE PRESENCE OF A NOTARY:

I certify that the information provided above is true and complete to the best of my knowledge. I am aware that if I knowingly provide false information, I will be reported to the Department of Law Enforcement Division of Public Assistance Fraud.

Signature: _____ Date: _____

Notary Section:

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

My commission expires: _____ County of: _____

Signature of Notary: _____