

## **Certification of Residency**

Section I – Parent/Guardian Affidavit	
Parent Name (Printed)	_, verify that myself and my children:  (Children's Names)
Reside at:	
	eanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not 75.083, F.S.) the information provided on this form is true and complete to the best of my lay be subject to prosecution for fraud.
Signature of Client	Date
*THIS FC	DRM MUST BE NOTARIZED*
STATE OF FLORIDA, County of	
Sworn to (or affirmed) and subscribed befo	re me this day of, 20, by
Name of person making statement	·
  Notary Seal	
Personally Known, -OR- Produced Identification	
Type of ID Produced:	
Section II – Landlord/Property Owner Affi	davit
I verify that the individuals listed in Section	I are residing at my residence/property at the address below:
	Property Address
	eanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine no 75.083, F.S.) the information provided on this form is true and complete to the best of my lay be subject to prosecution for fraud.
Name of Landlord/Property Owner	Signature of Landlord/Property Owner Date





