**Verification of Residency**

The Child Care Assistance Program requires that participants verify that they live in the county in which they are applying for assistance by providing a current lease, utility bill, or mortgage statement with their name and address. You have stated you reside with someone and do not have any proof of address verification. Please provide this form to whom you reside with for them to complete.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person with whom participant is staying with) verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of participant) resides with me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address), since \_\_\_\_\_\_ (enter date participant entered your home).

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a current lease, mortgage statement, or utility bill with the name and address of person whose signature is above.**

Thank you,

**Adams County CCAP**