



**PROOF OF RESIDENCE**

Name: \_\_\_\_\_

SSN# (last 4): \_\_\_\_\_

*(Only complete this form if you do not have any of the acceptable documents for Proof of Residence listed on your Application Letter)*

I, \_\_\_\_\_ verify that the address given below is my current place of residence.

\_\_\_\_\_  
\_\_\_\_\_, NC \_\_\_\_\_

I understand that given false information in reference to my address will result in my termination of childcare services, if eligible and may be prosecuted for fraud.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

*The signature of the participant must be witnessed by a notary public.*

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

In the county of \_\_\_\_\_, State of \_\_\_\_\_

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date commission expires

