

RESIDENCE VERIFICATION FORM

This is an Official Government Record. False or incomplete information given on this form may result in criminal action being taken under Sections 31.04 and 37.10, or other sections of the Texas Penal Code.

Client Name: _____

Client Address: _____

This client has told us that you know the family, are not related to him/her, and you do not live in the household.

Please list all the persons living in the household (including the client listed above).

Name (Household Members)	Household Member's Relationship to Client (Example: daughter, son, mother, etc)	Name of Household Member's Employer (If unemployed, write "None")
Client Name:	Self	

I can verify the above information because I am a: (check one)

<input type="checkbox"/> Friend	<input type="checkbox"/> Employer	<input type="checkbox"/> Church Leader	<input type="checkbox"/> Child Care Provider
<input type="checkbox"/> Neighbor	<input type="checkbox"/> Landlord	<input type="checkbox"/> School Official	<input type="checkbox"/> Other: (Explain) _____

I have known the family for:	Years	Months	Weeks
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Please print your name, address and telephone number below:

Print Name:	
Address:	
Phone Number:	

Signature:		Date:	
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(Front)