

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 and Address _____ Date: _____

_____ Eligibility Center: _____

_____ Eligibility Counselor: _____

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

Please list all the persons living in the household.

Name	Relationship to Client	Name of Employer
Client		

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

Neighbor School Official Friend Church Leader Employer Landlord

Child Care Provider Other (explain) _____

How long have you known the family? _____ years, _____ months, or _____ weeks.

Signature: _____

Please print your name, address and telephone number below:

Name: _____

Address: _____

Phone: _____

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