

AMPP Program - Live-With Form

This form is to be completed by parents who have informal custody of child/children

Date: _____

Statement of Evidence of Residence/Verification of Living With

Instructions: DO NOT COMPLETE THIS FORM YOURSELF. This form is to be completed by one of the following:

➤ Doctor's office	➤ Day care center
➤ Clinic	➤ Court
➤ Health Department	➤ Public agency
➤ Public housing agency	➤ Schools (including preschool and nursery school)
➤ Apartment Complex/Leasing Office	➤ Hospital

I, _____, know the applicant, and can truthfully state

that _____ and her/his child/children, as named below:

1. _____ 3. _____

2. _____ 4. _____

currently live at: _____

Street Address

City

State

Zip Code

I know this is a true and complete listing of children living at this residence. I understand that if I give false or incomplete information, it could be perceived as a program violation.

Signature

Relationship/Title

Address

Phone Number