

# Verification of Residence – Landlord/Owner

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This letter is to certify that \_\_\_\_\_ resides at \_\_\_\_\_  
Child or Children

\_\_\_\_\_  
Address, City, State, Zip

I certify that under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the information given above is true and complete. I understand that it is against the law to give false information that will enable a person to receive services they are not eligible to receive. I understand that if it is discovered that I have not been truthful with this information that I may be prosecuted for fraud.

\_\_\_\_\_  
 Landlord/Property Owner Signature

\_\_\_\_\_  
 Date

STATE OF FLORIDA, County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
*Name of person making statement*

\_\_\_\_\_  
*Notary Seal*

\_\_\_\_\_  
*Signature of Notary Public-State of Florida*

- Personally Known, -OR-  
 Produced Identification

Type of ID Produced: \_\_\_\_\_

# Verification of Residence - Parent



This letter is to certify that \_\_\_\_\_ resides at \_\_\_\_\_  
Child or Children

\_\_\_\_\_  
Address, City, State, Zip

I certify under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) that the information given above is true and complete. I understand that if it is discovered that I have not been truthful with this information that I may be prosecuted for fraud. I may be required to pay back financial assistance received for the above child from the county, state, or federal government if the child is determined ineligible.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA, County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
*Name of person making statement*

\_\_\_\_\_  
*Notary Seal*

\_\_\_\_\_  
*Signature of Notary Public-State of Florida*

- Personally Known, -OR-
- Produced Identification

Type of ID Produced: \_\_\_\_\_

