

DO NOT USE WHITE OUT OR CORRECTION TAPE.

If corrections are needed, use a new form. Alterations, word strikes or overlapped writing will make this form invalid.

Verification of Address by the landlord/property owner

I, _____, verify that people listed below:

Printed name of landlord/property owner

1 _____

4 _____

2 _____

5 _____

3 _____

6 _____

reside at _____

since date: _____. I can be reached at phone number: ____ (____) _____, if additional verification is needed.

Signature of landlord / property owner

Date

Declaration of Residence by the client/parent

I, _____, verify that people listed below:

Printed name of the client / parent

1 _____

4 _____

2 _____

5 _____

3 _____

6 _____

reside at _____, since date:

_____. I can be reached at phone number: ____ (____) _____, if additional verification is needed. Under penalties of perjury, I declare that the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of client / parent

Date

NOTARY PUBLIC

State of Florida, County of _____

The forgoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, and who is ☐ personally known to me or ☐ produced a _____ as an identification.

Notary Signature: _____ Date: _____

Notary Printed Name: _____

Notary Seal

NO UTILICE LÍQUIDO CORRECTOR O CINTA CORRECTORA.

Si es necesario realizar correcciones, utilice un formulario nuevo. Modificaciones, palabras tachadas o la escritura superpuesta invalidarán este formulario.

Verificación de Domicilio por el propietario/arrendador

Yo, _____, verificar que las personas enumeradas a continuación:

Nombre impreso del propietario/arrendador

1 _____

4 _____

2 _____

5 _____

3 _____

6 _____

residen en _____

desde la fecha: _____. Pueden comunicarse conmigo al número de teléfono (____) _____,

sí necesitan verificación adicional.

Firma del propietario/arrendador

Fecha

Declaración de residencia por el cliente/padre

Yo, _____, verificar que las personas enumeradas a continuación:

Nombre impreso del cliente/padre

1 _____

4 _____

2 _____

5 _____

3 _____

6 _____

residen en _____

desde la fecha: _____. Pueden comunicarse conmigo al número de teléfono: (____) _____,

si necesitan verificación adicional.

Firma del cliente/padre

Fecha

NOTARY PUBLIC

State of Florida, County of _____

The forgoing instrument was acknowledged before me by means of ☐ physical presence or
☐ online notarization, this ____ day of _____, and who is ☐ personally known to
me or ☐ produced a _____ as an identification.

Notary Signature: _____ Date: _____

Notary Printed Name: _____

Notary Seal