

JCCEO CHILD DEVELOPMENT SERVICES
HEAD START **EARLY HEAD START**

PROOF OF RESIDENCY

This is to verify that I, _____, reside at
Parent Name (please print)

Street City Zip Code

Attached are at least two of the following:

- _____ Current utility bill in your name
- _____ Current Section 8 certification letter
- _____ Current lease or deed indicating above address
- _____ Notarized statement from homeowner/landlord where I reside (see below)
- _____ Other: _____

Certification: *I certify that this information is true and correct. If any part is false, I understand that my child's participation in the program may be terminated and subject to legal action. I understand that this information will be held in strict confidence within the agency and is accessible to me during normal working hours. I also understand that my child will not be considered for enrollment until this form is completed.*

Signature: _____ Date: _____

I, _____ verify that _____
Name of homeowner/landlord *Name of Parent*

lives at the above address located in Jefferson County.

Signature _____

Signed by: _____

Notary

Print Name: _____

This the _____ **day of** _____ **20** _____

My Commission expires: _____