



NOTARIZED VERIFICATION OF LIVING ARRANGEMENTS

****Fill out IF Applicable****

I, _____ the undersigned, attest that I am

name of homeowner

the _____ of _____ who

relationship of the person

name of applicant

resides with me at _____.

address

He/She is financially responsible for: list household members

I understand that if I give false information or fail to report changes in my circumstances, my case may be referred to the Florida Department of Law Enforcement for action and possible prosecution. I reviewed, understand and agree with all the Terms and Conditions for Application for subsidized Child Care Services.

Signature of Client: _____ Date: _____

Print Name: _____

Signature of Homeowner: _____ Date: _____

Print Name: _____

Subscribed and sworn to, before me this _____ day of _____, 20____

My commission expires: _____ County of: _____

Signature of Notary: _____