



Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Current Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**TO BE COMPLETED BY LANDLORD OR PROPERTY OWNER:**

**I AFFIRM THAT FAMILY MEMBERS LISTED ABOVE CURRENTLY RESIDE AT THE ADDRESS LISTED ABOVE.**

Landlord/Property Owner Name PRINTED: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord/Property Owner SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN IN THE PRESENCE OF A NOTARY:**

I hereby certify that I am unable to provide one of these documents to verify my residency and that my child(ren) and I live at the address listed above.

- Valid Florida driver license with my name and current address
- Florida identification card with my name and current address
- Recent utility bill in my name with my current address listed
- Recent pay-stub with my name and current address listed
- Property tax assessment in my name showing homestead exemption
- Current and valid residential rental agreement or lease in my name with address listed
- Military orders

**Signature must be completed in the presence of a notary:**

**I am fully aware that if my income (including child support), address, phone number, or any other information pertaining to my case changes, I have 14 days to notify Early Learning Coalition of Polk County. If I fail to do so, child care services may be terminated.**

**I understand that if I knowingly give wrong information or fail to update any of the above listed information, I may be liable for prosecution under Florida Statute 414.39, Public Assistance Fraud.**

Parent/Guardian Print Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**STATE OF FLORIDA - COUNTY OF POLK**  
**Affidavit of Witness to Signature/Identification**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day  
of 20\_\_\_\_ by \_\_\_\_\_

(name of person acknowledging.)

Personally known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type/Stamp Name of Notary