

REQUEST FOR DOMICILE VERIFICATION

Client Name: _____ Case: # _____

Address: _____

This form must be completed by a non-relative who does not live with the client listed above

The person listed above has told us that you are not related to them and is familiar with their family. To help us to correctly evaluate the household's situation, we need your assistance. Please list all persons living in the home, including the client listed on the top of this form.

	Name	Relationship to Client
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

I can verify the above information because I am a(n):

- Neighbor Employer School Official Childcare Provider
- Friend Landlord Pastor Other: _____

How long have you known the family? Years Months Weeks

Print Name: _____ Date: _____

Signature: _____

Address: _____

Area code and phone number: _____ - _____

SWORN AND SUBSCRIBED to before me on this the _____ day of _____, _____.

Notary Public In and for the
State of Texas

My Commission Expires: _____