

Documentation of Physical Address

I, _____ (Print Name) certify that I am
providing residence for _____ (Client Name)

Client resides at this address _____

He/She has not yet had an opportunity to change their address or receive any mail at this location, and therefore is unable to provide any other documentation verifying proof of residence.

Full Name (Print) _____ Phone Number _____

Signature _____ Date _____

Disclaimer: East Cooper Community Outreach has the right to confirm and follow up on all information provided during the eligibility verification process. Providing false information may disqualify a person from receiving services. Additionally, completing this process does not guarantee services.