

# Proof of Residence Form

I, \_\_\_\_\_ (Print Name) certify that I am  
providing residence for \_\_\_\_\_ (Client Name)  
at \_\_\_\_\_ (Address).

Full Name: \_\_\_\_\_ (Print) Phone: \_\_\_\_\_

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 access to any or all services.