

<input type="checkbox"/> Denied <input type="checkbox"/> Approved
Initial: _____

## Residency Verification

Home Owner     Renter     Co-Residency     Other: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_  
Last Name, First Name Middle Name

Address: \_\_\_\_\_  
Street Address City State Zip Code

**Please provide the following documents under your name to establish residency.**

One (1) of the following

or

Two (2) of the following

- ◇ Deed to Home
- ◇ Mortgage Paperwork
- ◇ Rental Lease Agreement

- ◇ Current Electric Bill
- ◇ Current Gas Bill
- ◇ Current Water Bill
- ◇ Current Waste Management Bill

*If you cannot provide proof of residency under your name, please have the primary resident/owner of the shared home provide the documents listed above in the addition to completing the section below.*

### Co-Resident

I, \_\_\_\_\_ declare that I am the primary resident/owner of the  
Full Name of Primary Resident/Owner  
address listed above and that the person (s) claiming the address reside (s) with me at least five (5) days per week. I further declare that all of the information provided in this Residency Verification Affidavit, including information provided by the parent (s)/guardian (s), is true and correct. I will submit the required documents to verify my residency. I agree to notify Capistrano Unified Early Childhood Programs if there are any changes in the status of the residency of the person (s) claiming the address or myself.

**I certify that the provided information is accurate and correct.**

\_\_\_\_\_  
Signature of the Primary Resident/ Owner

\_\_\_\_\_  
Date