



CHILD CARE ASSISTANCE RESIDENCY STATEMENT

State Form 57163 (7-21)

Date (*month, day, year*)

VERIFICATION STATEMENT

Name of applicant(s)

I, known as the resident, verify that the above-named applicant(s) currently reside in my home located at the address noted below.

Name of resident

Address (*number and street*)

City

State

ZIP code

Signature of resident

Date signed (*month, day, year*)