



City of Norfolk Home-Based Childcare Network Residence Verification Form

Section 1: Provider Verification

I, _____
(Name of Provider)

hereby confirm that I reside at the location of my Family Day Home:

Address: _____

I am a (Check one) ☐ Renter (tenant) ☐ Owner of this property.

Signature of Provider: _____

Date: _____

Commonwealth of Virginia City of Norfolk

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,
by _____
(Name of Provider)

Notary Public Signature: _____

My Commission Expires: _____

****Complete Section 2 if the property is rented****

Section 2: Landlord/Property Manager Verification

I, _____, (Print name of landlord/property manager)

attest that _____ (Name of tenant/provider)

is a tenant/occupant at the above address and has been granted approval to operate a Family Day Home at this residence.

Property Owner's Name: _____

Business Name (if applicable): _____

Name of Person Completing Form: _____

Title of Person Completing Form: _____

Signature of Person Completing Form: _____

Phone Number: _____ **Date:** _____

Commonwealth of Virginia City of Norfolk

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by

(Name of landlord/property manager)

Notary Public Signature: _____

My Commission Expires: _____