



## 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:** \_\_\_\_\_