



Early Learning Coalition of Escambia County Certificate of Residency

Section I – Parent Certification

(Parent must complete, sign, and date this section in the presence of a notary.)

I, _____, and _____
Parent Full Legal Name (Printed) Child(ren) Full Legal Name (Printed)

reside at: _____
Street Number, Street Name, Unit or Apartment Number

City, State, Zip Code

I certify that the above information is true and complete to the best of my knowledge. I understand that if I give false information I may be prosecuted, imprisoned, and/or fined under law.

Parent Full Legal Name – Signature Date

Section II – Notary Certification (Notary must complete, sign, and date this section.)

State of Florida, County of _____

The information in **Section I** above is sworn to and subscribed before me this _____ day of _____
Month Year

by parent _____.

Signature of Notary Public – State of Florida

___ Personally Known or ___ Produced Identification – Identification Type Produced _____

Section III – Third Party Certification – Fill this section out only if applicable.

Landlord, property owner or shelter representative must complete this section.

I, _____ am a landlord/property owner or lessee/shelter representative

Third Party Name Printed

for the address identified in Section I above and attest that the individuals listed in Section I reside there.

I certify that the above information is true and complete to the best of my knowledge. I understand that if I give false information I may be prosecuted, imprisoned, and/or fined under law.

Third Party Signature Date

NOTE: Do not use correction tape on this form. If you have difficulties completing this form, contact the ELC.

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