



Loudoun County Department of Family Services
AFFORDABLE MARKET PURCHASE PROGRAM (AMPP)
LIVE – WITH FORM

****This form is to be completed by parents who have formal/informal custody of child/children****

Date: _____

Statement of Evidence of Residence/Verification of Living With

Instructions: DO NOT COMPLETE THIS FORM YOURSELF. This form is to be completed by one of the following:

➤ Doctor's office	➤ Day care center
➤ Clinic	➤ Court
➤ Health Department	➤ Public agency
➤ Public housing agency	➤ Schools (including preschool and nursery school)
➤ Apartment Complex/Leasing Office	➤ Hospital

Please return this form no later than _____.

I, _____, know the applicant, and can truthfully state that _____ and her/his child/children, as named below:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

currently live at:

_____	_____	_____
<i>Street number</i>	<i>Street Name</i>	<i>Apt. Number</i>
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>

I know this is a true and complete listing of children living at this residence. I understand that if I give false or incomplete information, I will be breaking the law and can be prosecuted.

Signature

Relationship/Title

Address

Phone Number

Date