

Residency Form

Section A

This section may be completed by any of the following persons: staff of church, legal-aid, a lawyer, social-service agencies, school, public-health nurse, doctor or elected public official.

I certify that _____

resides at _____

on a permanent basis (seven days a week).

Signature/Title

Address

Date

Section B

To the WIC Participant:

I understand that giving false information to WIC is sufficient grounds for termination from the WIC Program. I do not receive any mail with a street address or rural route number. Give directions to residence:

Signature/Title

Date

Section C

This section should be completed if applicant indicates that she/he is living with someone else and has no written proof of her/his residence.

I, _____
(Name of person providing residence)

certify that _____
(Name of applicant)

resides at _____
(Address)

on a permanent basis. (Please provide a utility bill with your name and address.)

Signature/Title

Date

This institution is an equal opportunity provider.