



# 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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