

Ryan White HIV/AIDS Program Part B (Area 7)
Proof of Residency in Florida

Please complete the appropriate box for applicants who do not have any other form of proof of living in Florida.

Not to be completed by the applicant.

The applicant _____ currently resides at the following address:

This individual has been residing at the above address since: _____
I do hereby certify the above information as true.

Full Name: _____

Signature: _____

Relation to Client: _____

Date: _____ *Phone:* _____

I certify that I am currently homeless and have no valid proof of living in Florida.
I most often stay at the following location:

_____ A car parked near: _____

_____ A campsite or park located at: _____

_____ In an unoccupied building at: _____

_____ Other: _____

I have not had a permanent home since: _____

I receive mail at: _____

Applicant Name: _____

Signature: _____

Date: _____ *Phone:* _____