We Care Manatee inc.

Medical Care For People In Need

RENTER'S PROOF OF RESIDENCY

(To be completed by Landlord when no other proof of residency is available. This may serve as one of two necessary proofs of residency.)

Address of Residency:

Street Address City State/Zip

I hereby confirm that _____ has been a tenant at the
(Tenant's Name)

above address for ____ months or ____ years. The rent at the residence is $_____ per month.

We may need to contact you (the Landlord) for further information.

Please provide contact information below:

Landlord's Home Phone Landlord's Work Phone Landlord's Cell Phone

Landlord's Street Address City State/Zip

_____
Landlord Name (Please Print)

_____
Signature/Date