



300 Riverside Drive East, Suite 4500
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WeCareManatee.org

PROOF OF RESIDENCY

(To be completed by Landlord when no other proof of residency is available.)

Date: _____

I, _____, hereby confirm that _____
(landlord) (tenant/client)

has been a tenant at _____ for
(residential address)

_____ months or _____ years. The rent at this residence is \$_____ per month.

Landlord's full name _____

Landlord's telephone number(s) _____
(Please note, We Care may need to contact Landlord for verbal verification, as well).

(Landlord's Signature)

This letter is to be filled out and signed only by the Landlord. We Care cannot advise the Landlord of what date or amount should be provided.