



353 6<sup>th</sup> Ave W  
Bradenton, Florida, 34205  
Tel: (941) 755-3952  
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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.