CHILD CARE ASSISTANCE RESIDENCY STATEMENT
State Form 57163 (7-21)

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Date *(month, day, year)*

VERIFICATION STATEMENT
Name of applicant(s)
I, known as the resident, verify that the above-named applicant(s) currently reside in my home located at the address noted below.
Name of resident
Address *(number and street)*

City	State	ZIP code

Signature of resident	Date signed *(month, day, year)*