Address Affidavit

** Required field*

Child's Name*: _____ Application # (if available):_____

Child's Date of Birth*: _____ / _____ /_____ School:_____

Physical Address This Affidavit Is For*: _____

Date Residency at This Address Began*: _____ / _____ /_____

Information provided on this form will be used to determine eligibility for Denver Preschool Program tuition credit support. DPP will not proactively share any information submitted on this form with any government programs

Reason for Affidavit (select one) *:

☐ Experiencing Homelessness (lack a fixed, regular and adequate nighttime residence) - if experiencing homelessness, please select the most appropriate situation below:

☐ Living with a relative/friend/non-relative

- Relative/friend/non-relative's name: _____
- **Please submit a proof of residency document** (phone bill, Xcel bill, Denver Water bill, copy of lease, etc.) from the relative/friend/non-relative
- **Please submit a signed verification or residency form** (template provided) from this relative/friend/non-relative's confirming that your Child is living at this Denver address

☐ Living in a temporary shelter/unhoused/unsheltered - Complete signed attestation below from your preschool provider confirming that your child is residing in the city and county of Denver.

- FOR PRESCHOOL PROVIDER COMPLETION ONLY:

  I,_____ , [Title/role]_____ at [Preschool Name]_____, attest that to the best of my knowledge, based on information available to me as of the date above, the student named above is currently experiencing homelessness in the city and county of Denver and lacks a fixed, regular, and adequate nighttime residence.

  How I know this (check all that apply): ☐ Statement from the parent/guardian ☐ Information from a shelter, case manager, or social service agency ☐ Enrollment or intake records ☐ Direct knowledge through my role with the family ☐ Other: _____

  This attestation reflects my good-faith understanding of the student's living situation as of the date signed. I am not claiming independent verification beyond the information

described above. This information is confidential and is provided only to help the student and family get access to enrollment services or benefits they may qualify for.

Provider Signature: _____

Provider Printed name: _____

Provider Title: _____

Provider Phone / Email: _____

Today's Date: _____

☐ This letter is to confirm that I reside at the address listed above, within the city and county of Denver, making my child eligible to participate in the Denver Preschool Program. *

Legal Notice: By signing this affidavit, I certify under penalty of perjury that the information provided above is true and accurate to the best of my knowledge. I understand that this is a legally binding document and that the residency information provided is subject to verification or audit by the Denver Preschool Program at any time. I understand that if information in this affidavit is found to conflict with subsequent findings, or to have been provided under false pretenses, my child's enrollment may be terminated and DPP tuition credit funding already disbursed on my child's behalf may be subject to recoupment.

I authorize the Denver Preschool Program (DPP) to release any information in the Application to DPP partner agencies including the Colorado Child Care Assistance Program, Denver Department of Human Services, Colorado Universal Preschool Program (UPK), Head Start, and Denver Public Schools for the purpose of record keeping and audits.

I release DPP from any and all liability arising from the release, review or copying of such information. DPP may require other information in the event of an audit and/or for quality assurance purposes.

☐ **I have read, understand, and acknowledge the statement above.** *

_____ _____

Signature of Parent/Guardian * Signature Date *

Please return this completed and signed form to the Denver Preschool Program at:

application@dpp.org | Fax: 303-295-1750 | Denver Preschool Program, P.O. Box 40037, Denver, CO 80204

Please note: Applying for/receiving DPP tuition credit support is not considered a means-tested public benefit for public charge purposes.

Denver Preschool Program makes quality preschool possible for all Denver families with 4-year-olds and many with 3-year-olds through a dedicated sales tax first approved by voters in 2006, renewed and extended in 2014, and permanently reauthorized in 2023. DPP does not discriminate against any person on the basis of race, color, religion, national origin, gender, age (except as to the age of the children qualifying for tuition support), military status, sexual orientation, gender identity, marital status, or disability.

FUNDING QUALITY PRESCHOOL FOR DENVER

P.O. Box 40037 Denver, CO 80204-0037 303.595.4DPP (4377) 303.295.1750 info@dpp.org dpp.org

DENVER PRESCHOOL PROGRAM

Verification of Residency

This form must be filled out and signed by the landlord/relative/friend/non-relative where the DPP applicant is living. ***All fields marked * are required.***

Today's Date*: _____/_____/_____

I, _____, do hereby certify that
Landlord/Relative/Friend/Non-Relative's Name*

_____and his/her family currently live at
Parent/Guardian Name*

_____
Street* City* State* Zip Code*

If I can be of further assistance, please feel free to contact me at (_____-_____-_____)
Landlord/Relative/Friend/
Non-Relative's Phone Number*

Sincerely,

_____
Landlord/Relative/Friend/
Non-Relative's Signature*

This form must be submitted with one of the following documents:

- Utility Bill- Gas, Electric or any bill with "Service Address" in landlord's name
- Purchase Contract
- Warranty Deed/Deed of Trust/Bill of Sale

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