

**ST. LAWRENCE COUNTY
DEPARTMENT OF SOCIAL SERVICES
DAYCARE UNIT
6 JUDSON STREET
CANTON, NY 13617**

OCCUPANCY STATEMENT

THIS FORM MUST BE COMPLETED BY A NON-RELATIVE AND NOT RESIDING IN SAME HOUSEHOLD.

I hereby certify the following people live at:

Address: _____

List all individuals living in household:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I am not a relative of the above.

Print Name

Signature

Street/road/box

City/town

Phone number

Date