



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES**

TO: FOSTER HOME LICENSING WORKER

FROM: LANDLORD OF FOSTER PARENTING APPLICANT

SUBJECT: LANDLORD STATEMENT

DATE: _____

THIS IS TO VERIFY THAT I AM THE LANDLORD OF _____,

WHO LIVES AT _____,

I HEREBY GIVE APPROVAL FOR _____ TO DO FOSTER

CARE ON THE ABOVE MENTIONED PREMISES.

LANDLORD SIGNATURE

ADDITIONAL COMMENTS / OR RESTRICTIONS IF ANY:

