TO: FOSTER HOME LICENSING WORKER

FROM: LANDLORD OF FOSTER PARENT 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 AND/OR RESTRICTIONS IF ANY: