

VERIFICATION OF ADDRESS BYLANDLORD

Date:									
To: [Delta Scho	ol Distri	ct						
From:									
	Landlord's Name								
	Address								
	Daytime Phone	Number							
Re: Pro	oof of Resid	dency							
I hereb	y certify that								
			•	of Tenant)					
is rentir	ng accommo	dation fro	om me a	t the follow	ving ac	ldress:	. **		
effective	e			_					
	Month	Day	Year						
	Signatu	re of Lan	dlord		_				

^{**} A supporting utility document or piece of Government ID showing renter's name and address must be attached. If not available, then Owner's Property Tax Assessment or Business License # can be attached.