



**AFFIDAVIT OF RESIDENCE
FOR SOUTH CAROLINA FIRST STEPS 4K PROGRAM**

I, _____, being duly sworn, hereby make under oath and affirm that:

- 1. I am above the age of eighteen (18).
- 2. I am the custodial parent or legal guardian of the following child or children:

| | |
|-------|----------------------|
| _____ | Date of Birth: _____ |
| _____ | Date of Birth: _____ |
| _____ | Date of Birth: _____ |
| _____ | Date of Birth: _____ |

- 3. Both the above-referenced child/children and I are full-time residents living at the following address:

- 4. I authorize South Carolina First Steps to School Readiness and its trustees, officers, employees, agents and contractors to use the information set forth in this Affidavit and to provide a copy of this Affidavit as necessary to perform their respective duties.

- 5. I certify that the above information is true and accurate.

Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 ____ DAY OF _____, 20____.

 Notary Public of South Carolina
 My Commission Expires: _____