

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:

