



2510 N 17th STREET, SUITE 203, PO BOX 1030, ROGERS AR 72756

p: 479-246-0104 | f: 479-246-0110

www.carecc.org

501c3 EIN 462973383

"We Believe NO ONE SHOULD BE HUNGRY"

PROOF OF RESIDENCE

Resident's Name: _____

Resident's Address: _____

City, State, ZIP Code: _____

Date: _____

To Whom It May Concern,

I, the undersigned, hereby confirm that _____ resides at the above address.

Duration of Residence: From _____ to _____

Relationship to Resident: _____

Signature: _____

Printed Name: _____

Signer's Contact Information:

Phone Number: _____

Email: _____