



**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 4K 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: _____