



300 Hickory • P.O. Box 45 • Carterville, Illinois 62918
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PARENTS, RELATIVES OR FRIENDS
VERIFICATION FORM

Applicants Name: _____

1. What relation are you to applicant? _____

2. How long had or has the applicant lived with you?

3. What is the reason applicant lived or lives with you?

Signature: _____ **Date:** _____

Address: _____

Phone/Cell: _____