



# SYRACUSE LEAD PROGRAM RESIDING CHILD VERIFICATION

CITY OF SYRACUSE, MAYOR BEN WALSH

## Resident Verification

I, \_\_\_\_\_ certify that \_\_\_\_\_, a child under the age of  
Applicant Childs Name  
six, is a resident of the property located at \_\_\_\_\_.  
Address

## Visiting Child Verification

I, \_\_\_\_\_ certify that \_\_\_\_\_, a child under the age of  
Applicant Childs Name  
six spends a significant amount of time visiting the property located at \_\_\_\_\_.  
Address

Do any additional children under the age six spend significant\* time in the home? Yes or No (circle one)

If yes, how many? \_\_\_\_\_

**\*Significant is defined** as "at least two different days within any week (Sunday through Saturday period), provided that each day's visit last at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits last at least 60 hours."

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's relationship to the Applicant

**Upload** this verification form with your online application here: <https://forms.gle/bqyRoCkh9f6Xnt4J6>  
or Print and return to: 201 E Washington Street, 6 Floor, Syracuse, New York 13202.

Please fill in all spaces or write N/A (not applicable). Incomplete applications will be returned.  
Remember to include copies of all applicable documents listed on the checklist. Questions? Please call  
(315) 448-8710

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