**AdoptTLC**

**RESIDENCE AFFIDAVIT**

Then Texas Dept. of Family & Protective Services (DFPS) requires that each adult household member complete and everyone in the home over the age of 13 have child abuse/neglect, DPS, & FBI record checks. Therefore, I need this information for every person in the home who is age 13 and older for the past 10 years. Please fill out this form. Some states will release information to AdoptTLC directly using our State request form; some will require that you complete a specific form that can be submitted by AdoptTLC, and some will require that you request and obtain the information directly. We will notify you of any that require specific forms and if you need to make the request.

Applicant’s full name printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other names used (nicknames, maiden name, previous married name(s):

Date of birth: \_\_\_\_\_\_\_\_\_\_ Current Driver’s License #: SS #:

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| --- | --- | --- | --- | --- | --- | --- |
| Residence dates starting 10 years previously. From: | Date when you left that residence  To: | Street address/apt # | City | State and Zip | Country | Date check requested: (AdoptTLC office) |
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| If further space is needed, please continue on back of page.  I give my consent for AdoptTLC to run CPS or Child Abuse Registry searches in each of the locations listed on this form. I certify that this information is complete and accurate.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Residence dates continued.  From : | Date when you left that residence  To: | Street address/apt # | City | State and Zip | Country | Date check requested: (AdoptTLC office) |
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