
STATEMENT OF RESIDENCE

Send this form to the person who is offering you a home. When they return the completed form to you, forward the form to the institutional parole office.

Return To:

Offender Name			
Inmate Number		SCI-	
SCI Address			

[This section is to be completed by home provider] Please print (except for signature)

To the Institutional Parole Staff: I

Your Name			
Your Address			
Your Relationship to the Offender (i.e.: parent, friend, etc.)			

hereby declare my willingness to provide living quarters for a minimum of six months to the above named if he/she is released on parole. I shall expect him/her to pay rent or board in the sum of

\$	per
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I agree to take a friendly interest in this person as opportunity affords, and I shall cooperate with parole supervision staff by reporting any irregularities that may come to my attention.

Signature of Home Provider			
Home Phone Number		Cell Phone Number	
Work Phone Number			
Hours/Days Worked			
Date			

IMPORTANT: If the home is located in public or federal subsidized housing (HUD), you must have prior approval by the Housing Authority before completing this form. Parole supervision staff will be contacting them for approval.

If the offender's name is not on the lease, parole supervision staff must contact and inform the landlord as to the proposed plan. The landlord must agree to allow the offender to reside at the proposed residence.