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**CIVILIAN HOUSING RESIDENT APPROVAL FORM**  
**FOR APPLICANTS THAT LIVE IN CIVILIAN HOUSING COMMUNITIES ONLY**

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Provider Name: \_\_\_\_\_

Spouse/Sponsor/Roommate(s) Name: \_\_\_\_\_

\_\_\_\_\_

Resident/Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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The above resident has applied to the Child Development Homes Program at Navy Regional Mid-Atlantic to be certified to perform childcare services at the property address listed above. If you require a home inspection prior to signing this form, please email Nichole.boles@navy.mil or Vivian.Lloyd@navy.mil, with the date of the home inspection. If you are unable to contact the applicant to schedule the appointment after three attempts, please notify the CDH office via email or phone at (757) 462-8930.

I give my permission for \_\_\_\_\_ to perform childcare services at the address listed above.

Resident/Owner Name: (print)	Date: (MMDDYY)
Resident/Owner Signature:	Date: (MMDDYY)
Resident/Owner Phone:	