



**LIBERTY MILITARY HOUSING RESIDENT APPROVAL FORM
 FOR APPLICATANTS THAT LIVE IN MILITARY HOUSING ONLY**

Provider Name: _____

Sponsor's Name: _____

Resident/Owner Name: _____ LIBERTY MILITRAY HOUSING _____

Property Address: _____

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.

Housing Representative Name: (print)	Date: (MMDDYY)
Housing Representative Signature:	Date: (MMDDYY)
Housing Representative Phone:	