Westchester gov.com

ROBERT P. ASTORINO
County Executive

DEPARTMENT OF SOCIAL SERVICES

KEVIN M. McGUIRE
Commissioner

NON-RELATIVE SHELTER VERIFICATION

I, _____ am not a relative of

_____. He/she lives at
(client's name)

_____ and I know that the
(address)

following people live there:

1._____

2._____

3._____

4._____

5._____

_____
Signature

_____
Date

Form #541 (Rev. 1/11)