**RESIDENTIAL CHILD CARE LICENSING**

**MATERNITY SUPPORTIVE HOUSING RESIDENCE (MSHR)**

**APPLICATION FOR REGISTRATION**

**NONPROFIT ORGANIZATION STATEMENT**

(Submit with the Application)

I acknowledge that (insert organization)       located at (insert address)       is submitting an application for registration as a Maternity Supportive Housing Residence (MSHR). I also acknowledge that the MSHR will be housing women and children on behalf of the nonprofit organization below in accordance with the provisions of O.C.G.A. § 49-5-25. See also O.C.G.A. § 49-5-3(13.1).

|  |
| --- |
| Name of Nonprofit Organization:       |
| Address of Nonprofit Organization:       |
| Name of Executive Director or President:       |

I attest and affirm that the information provided in this statement is true and accurate to the best of my knowledge. I understand that this statement will become a part of the application for the registration of an MSHR.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME / TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document was signed in my presence on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF NOTARY

My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_