## **AFFIDAVIT OF RESIDENCE**

Name			
Street Address _			
City, State			
Zip			
Date			
To Whom This M	ay Concern,		
I,	, formally acknow	ledge living at the street address	s of
	, City of	, State of	since
	, 20		
I have attached th	ne following documents	for your consideration:	
Furthermore, I sware true and accu	•	enalty of perjury that the facts se	t forth in this statemen
Sincerely,			



Witness Acknowle	dgment		
I/We, as witness(es)	to the aforemention	ed claims made by	and
acknowledge their re	esidency status.		
		_	
		Date	
Print Name			
Witness Signature		Date	·
Print Name			
Notary Acknowled	gment		
			tity of the individual who signed the cy, or validity of that document.
State of			
County of			
On	, before me,	, Notai	ry Public, personally appeared
	_ who proved to me o	on the basic of satisfacto	ry evidence to be the
person(s) whose na	me(s) is/are subscribe	ed to the within instrume	nt and acknowledged to me
that he/she/they exe	cuted the same in his	s/her/their authorized cap	pacity(ies), and that by
his/her/their signatur	re(s) on the instrumer	nt the person(s), or the e	ntity upon behalf of which the
person(s) acted, exe	ecuted the instrument		
I certify under PENA	NLTY OF PERJURY U	under the laws of in the S	tate of
that the foregoing pa	aragraph is true and c	correct.	
		WITN	ESS my hand and official seal
		Signa	ture

Print Name \_\_\_\_\_



Place Notary Seal Above