State of	
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## **AFFIDAVIT OF RESIDENCE**

State of County of	
I, the undersigned, being duly sworn, hereby affirm	that:
1. My name is My date of birth is	·
2. My social security number is:	
3. I currently reside at the following address:	,, County of,
4. I have been a resident at this address for: (Chec	k one)
□ months □ years	
5. The following people can attest to my residency	at this location:
Name: Relationship to me:	
Name: Relationship to me:	
Name: Relationship to me:	
6. Additional information:	<del>.</del>
	Signature
	Printed Name



## **NOTARY ACKNOWLEDGMENT**

State of	)	
	) <b>(Seal)</b>	
County of	)	
		, day of,
20, by the undersigned,	, who is personally ki	nown to me or satisfactorily proven to me
to be the person whose name is	subscribed to the within instrum	nent.
Signature		
3		
Notary Public		
My Commission Expires:		

