

## DECLARATION OF STATUS

This Declaration is made by the undersigned individual (hereinafter "Declarant") for the purpose of formally declaring the Declarant's current legal, employment, or residency status for verification or compliance purposes, and to serve as an official statement to confirm facts relevant to eligibility, benefits, or legal standing.

### I. DECLARANT INFORMATION

**Declarant's Full Legal Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Social Security Number (SSN) or Taxpayer Identification Number (TIN):** \_\_\_\_\_

**Current Street Address:** \_\_\_\_\_

**Unit Number (if applicable):** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### II. LEGAL STATUS

**The Declarant hereby declares the following regarding their legal status: Citizenship/Immigration Status:** \_\_\_\_\_

(e.g., U.S. Citizen, Lawful Permanent Resident, Non-immigrant Visa Holder - specify type and expiration if applicable)

### III. EMPLOYMENT STATUS

**The Declarant hereby declares the following regarding their employment status: Current Employer Name:** \_\_\_\_\_

**Employer's Street Address:** \_\_\_\_\_

**Unit Number (if applicable):** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Declarant's Position/Title:** \_\_\_\_\_

**Employment Start Date:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(If currently unemployed, state "Unemployed" and provide last employer details if applicable):

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#### **IV. RESIDENCY STATUS**

**The Declarant hereby declares the following regarding their residency status: Date of**

**Commencement of Residency at Current Address:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

**Total Duration of Residency at Current Address:**

\_\_\_\_\_ (e.g., "X years, Y months")

Previous Street Address (if moved within the last 12 months):

\_\_\_\_\_

**Unit Number (if applicable):** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Date of Move from Previous Address:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

#### **V. PURPOSE OF DECLARATION**

**This Declaration is made for the purpose of:**

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(e.g., "confirming eligibility for employment," "verifying residency for educational enrollment," "applying for government benefits," "compliance with [specific regulation/agency]")

#### **VI. ATTESTATION**

I, the undersigned Declarant, hereby declare under penalty of perjury under the laws of the State of \_\_\_\_\_ that the foregoing statements are true and correct to the best of my knowledge,

information, and belief.

**Declarant**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Address:** \_\_\_\_\_