

EMPLOYER PROOF OF RESIDENCY LETTER

STATE OF _____

COUNTY OF _____

I. EMPLOYER / COMPANY INFORMATION

This verification is being completed by the following authorized representative of the Employer:

Company Name: _____

Company Address: _____

City: _____ State: _____

_____ Zip Code: _____

Representative Name: _____

Representative Title: _____

Business Phone: _____

Business Email: _____

II. EMPLOYEE INFORMATION

The individual for whom residency is being verified is:

Employee Name: _____

Employee ID / Reference Number: _____

Job Title: _____

III. VERIFIED RESIDENTIAL ADDRESS

The Employer hereby verifies that the Employee maintains their primary residence at the following physical location. This address is recorded in the Employer's personnel files and has been verified according to company procedures and applicable regulatory requirements.

Street Address: _____

Apartment/Unit Number: _____

City: _____ State:

_____ Zip Code:

IV. METHOD OF VERIFICATION

The Employer has verified the residency of the Employee based on the following documentation or methods (check all that apply):

- ☐ Government-issued Photo ID (Driver's License / State ID)
- ☐ Utility Bill (Electric, Water, Gas, or Waste) dated within the last 60 days
- ☐ Current Lease Agreement or Mortgage Statement
- ☐ Property Tax Bill or Receipt
- ☐ W-2 or Tax Return Documents
- ☐ Pay Stub or Payroll Record
- ☐ Voter Registration Card
- ☐ Other: _____

V. EMPLOYMENT STATUS

Current Employment Status of the Employee:

- ☐ Active / Full-Time
- ☐ Active / Part-Time
- ☐ On Leave of Absence
- ☐ Terminated / Former Employee

Date of Hire: _____ day of _____, 20____

Termination Date (if applicable): _____ day of _____, 20____

VI. ADDITIONAL COMMENTS

Any additional notes or context regarding the verification of this address:

VII. CERTIFICATION AND SWORN STATEMENT

I, the undersigned Authorized Representative, being duly sworn, depose and state that:

1. I am an authorized agent of the Employer listed in Section I and have the authority to execute this document on its behalf.

2. I have personally reviewed the records and/or documentation regarding the Employee named in Section II.
3. The information provided in this Affidavit regarding the Employee's residential address is true, correct, and complete to the best of my knowledge and belief based on the records maintained by the Employer.
4. This verification is provided for the purpose of compliance with legal, regulatory, or administrative requirements.
5. I understand that providing false or misleading information on this document may result in legal consequences, including penalties for perjury.

VIII. SIGNATURE OF AUTHORIZED REPRESENTATIVE

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Title: _____

IX. NOTARY ACKNOWLEDGMENT

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____,
20____, by _____ (Name of Signer), who proved to me on
the basis of satisfactory evidence to be the person who appeared before me.

Signature of Notary Public: _____

Date: _____ day of _____, 20____

Print Name: _____

(Seal)

My Commission Expires: _____ day of _____, 20____