

EMPLOYER PROOF OF RESIDENCY LETTER

This Employee Residential Address Verification Form ("Form") is entered into on the _____ day of _____ , 20 _____ , by and between the following parties:

Employer: _____

Address: _____

Phone: _____

Email: _____

Employee: _____

Address: _____

Phone: _____

Email: _____

1. PURPOSE

The purpose of this Form is to verify the residential address of the Employee as provided by the Employer, often used for compliance with legal or regulatory requirements.

2. EMPLOYEE RESIDENTIAL ADDRESS

The Employee's residential address as provided by the Employer is as follows:

Address: _____

City: _____

State: _____

Zip Code: _____

3. REPRESENTATIONS AND WARRANTIES

The Employee represents and warrants that the address provided above is true and correct as of the date of this Form. The Employer represents and warrants that the information provided herein is accurate to the best of its knowledge.

4. OBLIGATIONS AND RIGHTS

The Employee agrees to notify the Employer in writing of any changes to their residential address within ten (10) business days of such change. The Employer agrees to update its records accordingly upon receipt of such notification.

5. GOVERNING LAW AND JURISDICTION

This Form shall be governed by and construed in accordance with the laws of the State of _____, and any disputes arising out of or related to this Form shall be subject to the exclusive jurisdiction of the courts located within that State.

6. SEVERABILITY

If any provision of this Form is found to be invalid or unenforceable by a court of competent jurisdiction, such provision shall be severed from this Form, and the remaining provisions shall remain in full force and effect.

7. ENTIRE AGREEMENT

This Form constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes all prior agreements, understandings, and representations, whether oral or written.

8. NOTICE

Any notice required or permitted to be given under this Form shall be in writing and shall be deemed to have been duly given when delivered personally, sent by certified mail, return receipt requested, or sent via a nationally recognized courier service to the addresses provided above.

9. AMENDMENT

This Form may only be amended by a written agreement signed by both parties.

10. TERMINATION

This Form may be terminated by either party upon thirty (30) days written notice to the other party.

11. SIGNATURES

Employer:

Signature: _____

Date: _____

Print Name: _____

Employee:

Signature: _____

Date: _____

Print Name: _____

Witness:

Signature: _____

Date: _____

Print Name: _____

Notary Public:

Signature: _____

Date: _____

Print Name: _____

Commission Expiration: _____

This Form is executed as of the date first above written.