FAMILY MEMBER PROOF OF RESIDENCY LETTER

TATE OF
COUNTY OF
. INTRODUCTION
This Affidavit of Residence (the "Affidavit") is made and entered into on this day of, 20, by and between:
The Affiant:
Name:
Current Address:
City: Zip:
Phone:
Email:
The Resident:
Name:
Date of Birth: day of, 20
Relationship to Affiant:
I. RECITALS
WHEREAS, the Affiant is the legal owner, landlord, or tenant of the residential property located at the ddress described herein; and
WHEREAS, the Resident is a family member of the Affiant who currently resides at said property; and
WHEREAS, the Affiant wishes to formally attest to the residency of the Resident for legal, educational, or administrative purposes;
NOW, THEREFORE, the Affiant, being duly sworn, deposes and states as follows:

III. PROPERTY INFORMATION

The Affiant confirms that they maintain legal control and possession of the residential property located at

V. OTHER RESIDENTS
In addition to the Affiant and the Resident, the following individuals also reside at the Property:
VI. SUPPORTING DOCUMENTATION
To further verify the residency claims made herein, the Affiant has attached the following documents to this Affidavit as proof of their own residency and control of the Property:
☐ Current Utility Bill (Electric, Water, Gas)
☐ Lease or Rental Agreement
☐ Property Deed or Mortgage Statement
☐ Property Tax Bill
☐ Valid Driver's License or State ID
☐ Other:
VII. PURPOSE OF AFFIDAVIT
This Affidavit is being provided for the following purpose:
☐ School Enrollment / District Verification
☐ Department of Motor Vehicles (DMV) Proof of Residency

☐ Banking / Financial Institution Requirements							
☐ Court / Legal Proceedings							
☐ Employment Verification							
☐ Other:							
VIII. LEGAL STATEMENTS							
1. Penalty of Perjury							
I, the Affiant, declare under penalty of perjury under the laws of the State of							
that the foregoing is true and correct. I understand that providing false information on this Affidavit may							
result in criminal penalties, civil liability, and the immediate revocation of any benefits or enrollments							
granted based on this information.							
2. Governing Law							
This Affidavit shall be governed by and construed in accordance with the laws of the State of							
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3. Severability							
If any provision of this Affidavit is held to be invalid or unenforceable, such provision shall be stricken							
and the remainder of the Affidavit shall remain in full force and effect to accomplish the intent and							
purpose of the parties.							
4. Reliance							
I understand that the receiving agency, school, or institution is relying on the truthfulness of the							
statements made herein to determine the Resident's eligibility for specific services, enrollment, or privileges.							
privileges.							
IX. SIGNATURE							
IN WITNESS WHEREOF, the Affiant has executed this Affidavit on the date set forth below.							
AFFIANT							
Signature:							

Print Name:				
Date: day of	, 20	_		
Address:				
X. NOTARY ACKNOWI	LEDGMENT			
A notary public or other of	ficer completing th	nis certificate veri	fies only the ident	ity of the individual who
signed the document to wh	ich this certificate	is attached, and n	ot the truthfulness	s, accuracy, or validity of
that document.				
State of				
County of				
On this day of	20	hefore me		(Name of
Notary Public), personally				
the basis of satisfactory evi				
acknowledged to me that the	•			
_	-			
on the instrument the perso	n, or the entity upo	on benan of which	n the person acteu	, executed the
instrument.				
I certify under PENALTY	OF PERJURY und	der the laws of the	e State of	that
the foregoing paragraph is	true and correct.			
WITNESS my hand and of	ficial seal.			
Signature:				
(Seal)				
Print Name:				
My Commission Expires: _		20		
wiy Commission Expires	uay 01	, 20_		