

FAMILY MEMBER PROOF OF RESIDENCY LETTER

This Residency Verification Form ("Form") is entered into on the

_____ day of _____ ,
20 _____ , by and between the undersigned parties. This

Form serves to verify that a family member resides at a specific address, often required for school enrollment, medical records, or legal documentation.

1. PARTIES

a. Declarant (Head of Household):

Name: _____

Address: _____

Phone: _____

Email: _____

b. Family Member (Resident):

Name: _____

Relationship to Declarant: _____

Address: _____

2. RESIDENCE VERIFICATION

The Declarant hereby certifies that the Family Member named above resides at the following address:

Address: _____

3. PURPOSE

This Form is provided for the purpose of verifying residency for:

4. GOVERNING LAW AND JURISDICTION

This Form shall be governed by and construed in accordance with the laws of the State of _____ . Any disputes arising under or in connection with this Form shall be subject to the exclusive jurisdiction of the courts located in

_____ County, State of

_____ .

5. SEVERABILITY

If any provision of this Form is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

6. 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.

7. 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 if delivered personally, sent by registered or certified mail, return receipt requested, or by a recognized overnight courier service, to the addresses provided above.

8. AMENDMENT

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

9. TERMINATION

This Form shall remain in effect until the purpose for which it was executed has been fulfilled or until terminated by mutual written agreement of the parties.

10. SIGNATURES

Declarant:

Signature: _____

Date: _____

Print Name: _____

Family Member:

Signature: _____

Date: _____

Print Name: _____

11. WITNESS

Signature: _____

Date: _____

Print Name:

12. NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On this _____ day of

_____, 20 _____,

before me, the undersigned Notary Public, personally appeared

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature: _____

Date: _____

Print Name: _____

Notary Public, State of _____

My Commission Expires: _____