

# PROOF OF RESIDENCY LETTER AFFIDAVIT OF RESIDENCE

State of \_\_\_\_\_

County of \_\_\_\_\_

## I. THE PARTIES

This Affidavit of Residence ("Affidavit") is made and entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between:

**The Affiant** (Person verifying the residence):

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

**The Resident** (Person whose residence is being verified):

Name: \_\_\_\_\_

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

## II. PROPERTY INFORMATION

The Affiant hereby certifies and acknowledges that the Resident named above currently resides

at the following address ("the Premises"):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

The type of residence is (check one):

☐ Single-Family Home

☐ Apartment

☐ Condominium

☐ Mobile Home

☐ Other: \_\_\_\_\_

The Affiant's relationship to the Premises is (check one):

☐ Landlord / Property Owner

☐ Master Tenant / Leaseholder

☐ Roommate

☐ Family Member

☐ Other: \_\_\_\_\_

### **III. RESIDENCY DETAILS**

The Affiant swears and affirms under penalty of perjury that the Resident named in Section I has resided at the Premises since the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

The nature of the residency is:

☐ Permanent

☐ Temporary, until the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

#### **IV. ADDITIONAL RESIDENTS (IF APPLICABLE)**

If this Affidavit is being used for school enrollment or social services eligibility, list all other individuals (such as children or dependents) residing at the Premises with the Resident:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

#### **V. PROOF OF RESIDENCY**

The Affiant has attached the following documents to this Affidavit to verify the address of the Premises (check all that apply):

☐ Utility Bill (Electric, Water, Gas)

☐ Lease or Rental Agreement

☐ Mortgage Statement or Deed

☐ Property Tax Bill

☐ Driver's License or State ID

☐ Voter Registration Card

☐ Other: \_\_\_\_\_

## **VI. SWORN STATEMENT**

I, the Affiant, acknowledge that I am signing this Affidavit for the purpose of verifying the residence of the individual(s) named herein. I understand that this document may be used for legal, educational, or governmental purposes, including but not limited to school enrollment, obtaining a driver's license, or determining eligibility for public assistance.

I 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 prosecution, civil liability, and the immediate termination of any services or benefits obtained based on this Affidavit.

## **VII. GOVERNING LAW**

This Affidavit shall be governed by and construed in accordance with the laws of the State of \_\_\_\_\_ .

## **VIII. SIGNATURES**

### **Affiant Signature**

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

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

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

**Resident Signature (If applicable/required)**

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

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

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

## **IX. NOTARY ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me,

\_\_\_\_\_ (Name of Notary), personally appeared

\_\_\_\_\_ (Name of Signer), who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of

\_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

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

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

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

(Seal)