## **AFFIDAVIT OF RESIDENCE**

Name			
Street Address			
City, State			
Zip			
Date			
To Whom This Ma	y Concern,		
I,	, formally acknow	ledge living at the street addres	s of
	, City of	, State of	since
	, 20		
I have attached th	e following documents	for your consideration:	
Furthermore, I sweare true and accur	·	enalty of perjury that the facts se	et forth in this statemen
Sincerely,			

Witness Acknowledgment	
I/We, as witness(es) to the aforementioned clair	ns made by and
acknowledge their residency status.	
Witness Signature	Date
Print Name	
Witness Signature	Date
Print Name	
Notary Acknowledgment	
A Notary Public or other officer completing this certificate document to which this certificate is attached, and not the	verifies only the identity of the individual who signed the e truthfulness, accuracy, or validity of that document.
State of	
On, before me,	, Notary Public, personally appeared
who proved to me on the	pasic of satisfactory evidence to be the
person(s) whose name(s) is/are subscribed to the	ne within instrument and acknowledged to me
that he/she/they executed the same in his/her/th	eir authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the p	person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.	
I certify under PENALTY OF PERJURY under the	ne laws of in the State of
that the foregoing paragraph is true and correct.	
	WITNESS my hand and official seal.
	Signature

Place Notary Seal Above

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