AFFIDAVIT OF RESIDENCE

Name			
Street Address			
City, State			
Zip			
Date			
To Whom This Ma	y Concern,		
I,	, formally acknow	rledge living at the street addres	s of
	, City of	, State of	since
	, 20		
I have attached the	e following documents	for your consideration:	
Furthermore, I swe	ear and affirm under pe	enalty of perjury that the facts se	et forth in this statemen
are true and accur	ate.		
Sincerely,			



Witness Acknow	wledgment			
I/We, as witness(es) to the aforementioned claims made by and				
acknowledge the	eir residency status.			
Witness Signatu	ıre	Date		
Print Name				
Witness Signatu	ure	Date		
Print Name				
Notary Acknow	ledgment			
			tity of the individual who signed the cy, or validity of that document.	
State of				
County of				
On	, before me,	, Notai	ry Public, personally appeared	
	who proved to me	on the basic of satisfacto	ry evidence to be the	
person(s) whose	name(s) is/are subscrib	ped to the within instrume	nt and acknowledged to me	
that he/she/they	executed the same in hi	is/her/their authorized cap	pacity(ies), and that by	
his/her/their sign	ature(s) on the instrume	ent the person(s), or the e	ntity upon behalf of which the	
person(s) acted,	executed the instrumen	t.		
I certify under PE	ENALTY OF PERJURY	under the laws of in the S	state of	
that the foregoin	g paragraph is true and	correct.		
		WITN	ESS my hand and official seal.	
		Signa	ture	
Place Notary Seal A	bove	Pri	int Name	

