**AFFIDAVIT OF RESIDENCE**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full legal name) do hereby make oath and say that:-

* I am a full-time resident since the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ of the dwelling located at:

and I do not maintain a separate primary residence elsewhere.

* The following persons are full time residents with me:

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* As verification I annex hereto, marked "A" a true copy of my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insurance policy, telephone/electric/gas bill, Tax bill etc.)

OR

* As tenant or co-habitant, I annex hereto, marked "A" a true copy of my lease agreement.

FULL LEGAL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the Deponent who is personally known to me or who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification declared that the contents of this Affidavit are true and correct under penalties of perjury. Thus, signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC My commission expires: