FAMILY MEMBER AFFIDAVIT OF RESIDENCE

Name					
Street Address		_			
City, State					
Zip					
Date					
To Whom This May	Concern,				
l,	[Family Men	nber's Name], the		[Re	elation] of
	_ [Resident] for	mally acknowledg	e their reside	nce at the st	reet address of
		, S	State of		since
Furthermore, I swea	ar and affirm und	er penalty of perju	ury that the fa	acts set forth	in this statemen
are true and accura	te.				
Sincerely,					

Witness Acknowledg	ment			
I/We, as witness(es) to	the aforementioned of	claims made by		and
acknowledge their resid	dency status.			
Witness Signature		Date		
Print Name				
Witness Signature		Date		
Print Name				
Notary Acknowledgm	ent			
A Notary Public or other of document to which this cer				
State of				
County of				
On	, before me,		, Notary Public	, personally appeared
w	vho proved to me on t	he basic of sati	sfactory evide	nce to be the
person(s) whose name	(s) is/are subscribed t	to the within ins	strument and a	cknowledged to me
that he/she/they execu	ted the same in his/he	er/their authoriz	ed capacity(ie	s), and that by
his/her/their signature(s	s) on the instrument th	ne person(s), o	r the entity upo	on behalf of which the
person(s) acted, execu	ted the instrument.			
I certify under PENALT	Y OF PERJURY unde	er the laws of ir	$^{ m h}$ the State of $_{ m L}$	
that the foregoing para	graph is true and corr	ect.		
			WITNESS my	hand and official seal.
			Signature	

Print Name _____

