State	οf		
State	OI .		

AFFIDAVIT OF RESIDENCE

State of County of		
I, the undersigned, being duly sworn,	hereby affirm that:	
1. My name is	My date of birth is	
2. My social security number is:		
3. I currently reside at the following ac	ddress:,,	, County of
4. I have been a resident at this addre		
□ months □ years		
5. The following people can attest to r	ny residency at this location:	
Name: Relationship to me:		
Name: Relationship to me:		
Name: Relationship to me:		
6. Additional information:		·
	Signature	
	Printed Name	



NOTARY ACKNOWLEDGMENT

State of)) (Seal)
County of)
The foregoing instrument was acknowledged by 20, by the undersigned, to me to be the person whose name is subscrib	before me this day of,, who is personally known to me or satisfactorily prover ibed to the within instrument.
Signature	-
Notary Public	-
My Commission Expires:	

