

Affidavit of Residency Form Online

Resident's Information

Full Name: _____

Current Address: _____

City/State/Zip Code: _____

Date of Birth: _____

Contact Number: _____

Email Address: _____

Reason for Residency Verification

Purpose (Check one):

- School Enrollment
- Government Benefits
- Driver's License
- Other: _____

Proof of Residency

I, _____, declare that I reside at the above-stated address and have lived there since _____ (start date). I confirm that the information provided is accurate.

Documents Uploaded (Check all that apply):

- Utility Bill
- Bank Statement
- Rental Agreement
- Government ID

Digital Signature

I agree that the above information is true to the best of my knowledge.

I agree

Signature: _____

Date: _____

Notary Section (if required)

Notary Public Name: _____

Signature: _____

Commission Expiry Date: _____