

PROOF OF RESIDENCY

To Whom It May Concern:

This document certifies that the individual named below resides at the address stated herein and is considered a lawful resident at this location. This Proof of Residency is provided for identification and verification purposes and complies with applicable United States laws and regulations.

Resident Information:

Full Name: _____
Date of Birth: _____
Government Issued ID Number: _____
Phone Number: _____

Residence Address:

Street Address: _____
City: _____ State: _____
ZIP Code: _____

Proof of Residency Details:

Type of Document Provided: _____
Document Issued By: _____
Document Number: _____
Document Expiration Date (if applicable): _____

I hereby affirm under penalty of perjury under the laws of the United States of America that the information provided on this Proof of Residency form is true and correct to the best of my knowledge and belief, and that I reside at the address stated herein.

Signature of Resident: _____

Printed Name of Resident: _____

Date of Signature: _____

This Proof of Residency form is intended for use in verifying residency status in compliance with applicable United States federal, state, and local laws. Any falsification or misrepresentation of information contained herein may result in legal consequences under applicable statutes.

RESIDENT'S SIGNATURE

WITNESS SIGNATURE

Signature: _____

Signature: _____

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