

# Proof of Residency Verification Form

Please complete this form to verify your current residential address. This document is formatted to be filled out and printed for submission.

## Applicant Information

Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

## Residential Address

Street Address:

Apartment/Suite/Unit:

City:

State:

Zip Code:

## Residency Documentation

Please enter the type of supporting document you are presenting as proof of residency (e.g., Utility Bill, Lease Agreement, Bank Statement, Mortgage Statement):

Document Type:

Issuing Organization / Company:

Document Date of Issue / Statement Date:

## Attestation and Signature

I hereby certify that the information provided on this form is true, correct, and complete to the best of my knowledge, and that the residential address listed above is my principal place of residence.

Printed Name of Applicant:

Date Signed (MM/DD/YYYY):

Physical Signature of Applicant (Sign after printing): \_\_\_\_\_