EMPLOYER AFFIDAVIT OF RESIDENCE

Company/Organizati	on	-
Name	Title	(if any)
Street Address		
City, State		
Zip		
Date		
To Whom This May (Concern,	
I,	, the employer of	[Employee's Name] formally
acknowledge their re	sidency in the State of _	In accordance with our
internal documents,	[E	mployee's Name] resides at the street address of
	_, City of	, State of
Furthermore, I can at	ttest that	[Employee's Name] is a diligent and honest
individual who has ex	cemplified their hard wor	rk within our organization since
	_, 20	
I swear and affirm ur	ider penalty of perjury th	at the facts set forth in this statement are true and
accurate.		

Sincerely,

è

Witness Acknowledgment

I/We, as witness(es) to the aforementioned claims made by ______ and

acknowledge their residency status.

 Witness
 Signature
 Date

 Print
 Name

 Witness
 Signature
 Date

 Print
 Name

Notary Acknowledgment

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of		
County of		
On	, before me,	, Notary Public, personally appeared
	who proved to me on the	basic of satisfactory evidence to be the
person(s) whose	name(s) is/are subscribed to th	he within instrument and acknowledged to me
that he/she/they	executed the same in his/her/th	heir authorized capacity(ies), and that by
his/her/their sign	ature(s) on the instrument the p	person(s), or the entity upon behalf of which the
person(s) acted,	executed the instrument.	
I certify under PE	ENALTY OF PERJURY under the	he laws of in the State of
that the foregoine	g paragraph is true and correct.	
		WITNESS my hand and official seal.

Signature _____

Place Notary Seal Above

Print Name _____

