**EMPLOYER AFFIDAVIT OF RESIDENCE**

Company/Organization [NAME OF COMPANY OR ORGANIZATION]

Name [NAME OF AFFIANT] Title (if any) [NAME OF TITLE]

Street Address [STREET ADDRESS OF AFFIANT]

City, State [CITY, STATE ABBREVIATION OF AFFIANT]

Zip [ZIP CODE OF AFFIANT]

Date [DATE OF AFFIDAVIT]

To Whom This May Concern,

I, [NAME OF AFFIANT], the employer of [EMPLOYEE'S NAME] formally acknowledge their residency in the State of [STATE]. In accordance with our internal documents, [EMPLOYEE'S NAME] resides at the street address of [STREET ADDRESS OF EMPLOYEE], City of [CITY], State of [STATE].

Furthermore, I can attest that [EMPLOYEE'S NAME] is a diligent and honest individual who has exemplified their hard work within our organization since [YEAR EMPLOYEE BEGAN WORKING WITH COMPANY].

I swear and affirm under penalty of perjury that the facts set forth in this statement are true and accurate.

Sincerely,

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

**Witness Acknowledgment**

I/We, as witness(es) to the aforementioned claims made by [NAME OF AFFIANT] and acknowledge their residency status.

**Witness** Signature [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name [NAME OF WITNESS]

**Witness** Signature [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name [NAME OF WITNESS]

**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 [STATE OF NOTARY]

County of [COUNTY OF NOTARY]

On [DATE], before me, [NAME OF NOTARY PUBLIC], Notary Public, personally appeared [NAME OF AFFIANT] who proved to me on the basic of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of in the State of [STATE OF NOTARY] that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Place Notary Seal Above Print Name [NAME OF NOTARY PUBLIC]