

Affidavit of Residency Submission Form

Full Name

Date of Birth

Residential Address

City

State/Province

Zip/Postal Code

Length of Residence (in years/months)

Contact Number

Email Address

Relationship to Property (e.g., Owner, Tenant, Relative)

Other Residents (if any)

Supporting Documents (list document names, if submitting physically)

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature

Date