

## Residence Affidavit



*People Experiencing Transition and Loss of Shelter*

I, \_\_\_\_\_ declare that the following people reside in my home and that they have no other residence other than the one listed in this affidavit below.

Homeowner's or Renter's Address	City	Phone Number
Name(s) (include parent/guardian):	Birth Date:	Last School Attended:

Under penalties of perjury, I declare that the information given on this document are the facts stated and are true. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree. (Florida Statue 92.525)

Signature of Homeowner or Renter	Signature of Parent/Guardian
Date	Date

**NOTARY PUBLIC:** State of Florida, County of \_\_\_\_\_ sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally \_\_\_\_\_ known by me or has produced \_\_\_\_\_ as identification.

Signature of Notary Public	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Place Stamp Here</p>
Date My Commission Expires	