

# AFFIDAVIT OF RESIDENCE

I, \_\_\_\_\_ Social Security No. \_\_\_\_\_

do hereby swear (or affirm) that I reside at:

Street Address: (No Post Office Boxes) \_\_\_\_\_

In the City, Village, or Town of: \_\_\_\_\_

County of \_\_\_\_\_, State of New York;

that I am now and have been for a period of at least thirty (30) days immediately prior to the date of this affidavit a legal resident of \_\_\_\_\_ County, New York.

If less than two years at the above address, list your addresses for the past two years:

Address(es)

Dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to (or affirmed) before me this \_\_\_\_\_ day of 20\_\_\_\_

\_\_\_\_\_  
Notary Public of Commissioner of Deeds

## **Instructions:**

1. Complete this Affidavit. You must list your last two (2) years of addresses. No Post Office Box addresses are permitted. You must state your street address.
2. Have this Affidavit notarized.