

AFFIDAVIT FOR REMOVAL OF HOUSEHOLD MEMBER

Client's Name: _____

Address: _____

SS #: _____

I certify and attest that _____ no longer resides
in my household.

(Check one)

____ I have provided documents showing their new residence.

____ I do not know their current residence.

Client Signature: _____ Date: _____

(If stating that you do not know the current residence, it will be submitted to state for verification of address.
Documents that can be submitted as proof of new residency: Driver License, State ID, or mail)

AFFIDAVIT FOR PROOF OF RESIDENCY

Client's Name: _____

Address: _____

SS #: _____

The person listed below, I certify and attest do not live at this address,

(Deed / Tax Bill / Mortgage / Utility Bill/Lease/ Property Title (Mobile Home) (Please circle one)

Check one:

I have provided documents showing their residence.

I do not know their current residence.

Client Signature: _____ Date: _____

(If stating that you do not know the current residence it will be submitted to state for verification of address.
Documents that can be submitted as proof of new residency: Driver License, State ID, or mail)