



**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
AFFIDAVIT OF RESIDENCY**

**Date of Completion:** \_\_\_\_\_  
(today's date)

**Name of Individual:** \_\_\_\_\_  
(please print your name)

This document is a sworn statement that, as of the date of this signature, I am a resident of Franklin County, Ohio, with the intent of maintaining a presence within the county and one or more of the following situations apply (please check those boxes that apply):

- I am presently homeless and unsheltered with no physical address of residence
- I do not have other proof of residency at a physical address in Franklin County

By my signature below, I swear this statement to be true:

\_\_\_\_\_  
(please sign your name)

**FOR NOTARY USE ONLY**

State of Ohio  
County of Franklin

Being duly sworn, the individual named above stood before me and provided the foregoing statement.

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

Notary Public, State of Ohio

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Recorded in Franklin County