

AFFIDAVIT OF RESIDENCY

This document is a sworn statement that, as of the date of this signature, the individual is a resident of Franklin County, Ohio, with the intent of maintaining a presence within the county.

Date of Completion: _____

First Name: _____

Last Name: _____

Current Street Address: _____

City/State/Zip Code: _____

If the individual is homeless, but claims Franklin County residency, please check the appropriate box below:

- The individual named is homeless and unsheltered with no physical address of residence.
- The individual is residing in an emergency shelter (please use the address of shelter above).

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

(Signature of individual named above)

FOR PROVIDER AGENCY USE ONLY

If the individual named above is unable to provide the signature attesting to the information above, the provider staff person receiving the form must complete the information below:

Name of provider agency: _____

Name of provider staff completing form: _____

By my signature below, I affirm that this is the information provided to me by the individual above:

(Signature of person receiving the information above)