

# Applicant Residency Statement

Complete section \_\_\_\_\_ (Section III is on page 2).

I, \_\_\_\_\_, attest that:

**Section I. Complete this section if you live in a house, apartment, condo, or trailer.**

This document may be used once as proof of residency with the address given. At your next appointment, if you are still living at the address given, you must provide actual proof of residency.

Write your specific address, including apartment number, city, and zip code.

I currently reside at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II. Complete this section if you are currently experiencing homelessness and staying in one of the following: outdoors, ARCH, Salvation Army, or other temporary shelter.**

Write the specific shelter address, including city and zip code. Or write the street intersections, city, and county of where you are staying.

I am currently staying in the following location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last night, I stayed at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tonight, I plan to stay at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Section III. Complete this section if you are living in a transitional housing shelter operated by a nonprofit or governmental entity.**

I am staying at:

- SafePlace
- Integral Care Safe Haven
- Casa Marianella
- Posada Esperanza
- SMART Program
- Southbridge
- Northbridge
- Staying at this address less than 30 days. (Give specific address, including apt. no., city and zip code or street intersections.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section IV. Complete this section if you are staying at a hospital or treatment center (for single-person households only).**

Write the facility name including the address, apartment number, city, and zip code.

I am currently staying at: \_\_\_\_\_

Write the specific address, including city and zip code (or the street intersections, city, and county if you live(d) outdoors).

Prior to being admitted, I stayed/lived at: \_\_\_\_\_

When I am discharged, I plan to stay/live at: \_\_\_\_\_

I certify that the information above is true, accurate, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_