



RESIDENCE VERIFICATION

The following is to be completed by someone who knows where you live and knows who lives with you. **Pick someone who is not related to you and does not live in the same household with you.**

Applicant's Name & Address

To your knowledge, how long has this person lived there? _____

List every person that lives in that household, including person(s) applying for IHC.

When was the last time you visited that household and were certain these individuals lived there?

less that 3 months 3-6 months 6-12 months 1year or more

I am a neighbor _____ friend _____

I certify that the above information is true and correct. I understand that providing false information can result in legal action against me.

Printed Name: _____ Date: _____

Signature: _____ Phone: _____

Address: _____