AFFIDAVIT OF RESIDENCY AND LACK OF INDEPENDENT HOUSEHOLD BILLS

STATE OF Georgia

COUNTY OF _____
[Your County]

Before me, the undersigned authority, personally appeared _____, of
[**Affiant's Full Name**]
legal age, who, being duly sworn, deposes and says:

I, _____, being duly sworn and of competence, and being of legal age, do
[Your Full Legal Name]
hereby state and affirm under oath the following:

1. I am currently residing at _____.
[Full Residential Address, including City, State, & Zip Code]
2. I reside at this address with _____, who is the head of
[Full Name of the Person You Live With]
household and is responsible for the rent, utilities, and all other household expenses.
3. I do not have any utility bills, lease agreements, or household accounts in my name at this address.
4. I am living at the above address with the permission of the head of household.
5. This affidavit is being provided to verify my current residence and to support my application for the **Georgia Promise Scholarship** which requires proof of residency.
6. I understand that any false statement or misrepresentation may result in denial or termination of benefits and may be punishable under applicable state and federal laws.

I affirm that the information above is true and correct to the best of my knowledge and belief.

Executed this _____ day of _____, *20* ___.

_____
[Your Printed Name]
Affiant

NOTARY PUBLIC ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, *20* _____, by _____.

Notary Public
_____

My Commission Expires: _____

Notary Seal: