

Residency Statement

Date _____

This is to verify residence of: Name: _____

Address: _____

Additional household member(s)

Please circle all that apply: Spouse Significant Other Children

Name(s): _____

As a separate household, does this (person) (family) buy, prepare, and eat meals separately from you? Yes _____ No _____

Does this (person) (family) pay any rent? Yes _____ No _____

Amount Paid? _____

Are utilities included in rent? _____

If not, which utilities does this (person) (family) pay?

Heat _____ Electricity _____ Phone _____ Water _____ Garbage _____

Person verifying residency:

Name: _____

Address: _____

Phone _____

Comments:

Please return this form to:

Morton County Social Services
210 2nd Ave NW Mandan, ND 58554-3124