

PROOF OF RESIDENCE
LANDLORD STATEMENT

DATE: _____

NAME OF TENANT(S): _____

FULL ADDRESS: _____

RENTAL AMOUNT: _____

RENT IS PAID: MONTHLY _____ WEEKLY _____ OTHER _____

LANDLORD PHONE #: _____

LANDLORD ADDRESS: _____

SIGNATURE OF LANDLORD: _____

PRINTED NAME: _____

LANDLORD ADDRESS: _____

LANDLORD PHONE NO.: _____