

VERIFICATION OF DOMICILE AND SUPPORT FOR THE PURPOSE OF DOCUMENTING STATE RESIDENCY

PLEASE PRINT CLEARLY

I,		Tenant Landlord Owner (check one)	
of		Street Name and Number Apartment Number	
		Street Name and Number Apartment Number	
City:		State: Ohio ZIP Code:	
do ce	ertify	that: Student Name	
	Please complete sections 1 and 2:		
		Currently lives and has lived with me since/	
1		Lived with me from/ to/	
	1		
		I provide/provided (circle one) support for this person in the form of:	
		Please check all that apply	
		\square Rent (amount per month): $\underline{\$}$ \square Room and Board	
2		☐ All Living Expenses ☐ Educational Expenses	
		☐ Other (please explain):	
		I do not/did not provide (circle one) financial support.	
P	leas	se submit a copy of lease or settlement statement in addition to this form.	
3	igna	nture must be verified by a Notary Public and have the Notary Seal	
Signature: Date:/			
The above signed has duly sworn that the information provided is true and accurate to his/her knowledge. Signed before me on this day of, 20			
N	ota	ry Seal: Signature of Notary:	
		Name (Please print):	
		My commission expires on:/	