



Employees who cannot produce a deed or lease may ask the owner, manager, or lessee of the property where the employee lives to complete and sign this document.

Please return this document to your department personnel officer. If you aren't sure who that is or have any other questions, contact **(617) 635-3370**

**OWNER/LANDLORD/LESSEE/MANAGER INFORMATION**

I, \_\_\_\_\_ certify that I am the \_\_\_\_\_ of  
Owner/Landlord/Manager/Lessee name Owner/Landlord/Manager/Lessee

\_\_\_\_\_  
Residence/Facility address and Zip code

I certify, under the pains and penalties of perjury, that \_\_\_\_\_ currently resides at that address  
Employee Name

and is a resident of the City of Boston. I understand that the information contained in this statement is subject to investigation by a residency investigator.

**PRINT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street

**PHONE NUMBER:** (        )        -  
\_\_\_\_\_

\_\_\_\_\_  
City State, Zip

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EMPLOYEE INFORMATION**

As the employee submitting this Residency Affidavit, I swear, under the pains and penalties of perjury, that the information above is accurate and understand that the information contained in this statement is subject to investigation by a residency investigator.

**PRINT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street

**PHONE NUMBER:** (        )        -  
\_\_\_\_\_

\_\_\_\_\_  
City State, Zip

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_