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Questions? Call (617) 635-3370 OHR@boston.gov

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DATE OF APPLICATION: / /	
EMPLOYEE INFORMATION	ADDRESS INFORMATION
FIRST NAME:	ADDRESS:
	Street
LAST NAME:	
SIX DIGIT	City State, Zip
EMPLOYEE ID:	CHECK ALL THAT APPLY
DEPARTMENT:	My address has changed since the last residency certification.
PHONE NUMBER: ( ) -	Dloggo use this address for all official employee
EMAIL:	Please use this address for all official employee communications including my W2.

## FIRST PROOF OF RESIDENCY DOCUMENT:

Please provide a copy or high-resolution photo of one of the following documents.

**RESIDENCY CERTIFICATION DOCUMENTS** Certification requires two proofs of residence

- Mortgage statement
- Property Tax Statement, Property Deed, Homestead Exemption
- Lease agreement (first page & signature page)
- Alternative Residency Statement (living with family member, not on lease, month-to-month tenant, other housing types)

Available here: hub.boston.gov/sites/default/files/alternate\_residency\_statement.pdf or pick up a copy from your department personnel officer

### **SECOND PROOF OF RESIDENCY DOCUMENT:**

Please provide a copy or high-resolution photo of one of the following documents. You can black out account and payment information. Make sure your name and address is visible:

- Heating bill (oil, gas, electric)
- Electric Bill
- Phone Bill
- Bank Statement
- Credit Card Bill
- Cable Bill
- Car Insurance Coverage Page
- Car registration with no stickers
- MA Driver's License or ID with no stickers

Return this document with both proofs of residency to your department personnel officer. If you aren't sure who that is or have any other questions, contact **(617) 635-3370** 



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#### **IMPORTANT APPLICATION INFO**

All City of Boston employees, unless exempted by a collective bargaining agreement, are required to certify their actual principal residence is within the City of Boston.

The City of Boston Code, Chapter 5, Section 5-5.3 defines actual principle residence as: "...where he or she normally eats and sleeps and maintains his or her normal personal and household effects"

We ask you to fill out the form to help the City stay in compliance with this ordinance.

# **PENALTIES OF PERJURY**

	I understand that I must remain a resident of the City of Boston for the duration of my employment or as long as stipulated by the applicable collective bargaining agreement.
	I further understand that falsification of this Residency Certification will result in termination of my employment with the City of Boston.
	I further understand that falsification of this Residency Certification will result in a fine of three hundred dollars (\$300.00).
	I further understand that if I am terminated from City employment under provisions of the Residency Ordinance I will not be eligible for re-employment by the City of Boston for a period of five (5) years.
	I am signing this Residency Certification under the pains and penalties of perjury.
	I understand that falsification of this document will result in voluntary termination of my employment
SIGNATURE:	
PERSONNEL OFFICER SIGNATURE:	