# PROOF OF RESIDENCY LETTER

## To be completed by property owner/renter for residents who live with property owner DATE:

To Whom It May Concern:

I, ,declare under penalty of perjury under the laws of the State of California as follows:

This letter serves as verification that I, , reside at the property located at: , as listed on the attached utility bill from \_ .

I declare that the following individual(s) live at the above mentioned address and give permission to San Diego Youth Football and Cheer (SDYFC) to verify said information:



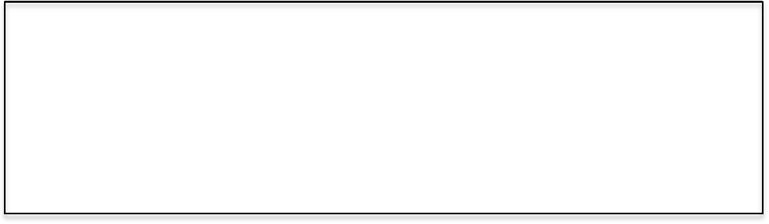
Those listed above have resided with me at my home approximately since

to present.

If you have any further questions, please contact me at: Home:

Property Owner Parent of Participant

Notary to stamp in box below, sign attached Notary Acknowledgement and attach Original Utility Bill as one packet.



#### San Diego Youth Football and Cheer Proof of Residency Affidavit

Page 1 of 2

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California )SS

COUNTY OF )

File No:

APN No:

On before me, , Notary Public, personally appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within

instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature

This area for official notarial seal.

**OPTIONAL SECTION - NOT PART OF NOTARY ACKNOWLEDGEMENT**

**CAPACITY CLAIMED BY SIGNER**

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the documents.

INDIVIDUAL

CORPORATE OFFICER(S) TITLE(S)

PARTNER(S) LIMITED GENERAL ATTORNEY-IN-FACT

TRUSTEE(S) GUARDIAN/CONSERVATOR OTHER

SIGNER IS REPRESENTING:

**Name of Person or Entity** Name of Person or Entity

### OPTIONAL SECTION - NOT PART OF NOTARY ACKNOWLEDGEMENT

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

### THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW

#### TITLE OR TYPE OF DOCUMENT:

NUMBER OF PAGES DATE OF DOCUMENT

#### SIGNER(S) OTHER THAN NAMED ABOVE

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Page 2 of 2