CLINTON COUNTY DEPARTMENT OF PERSONNEL AFFIDAVIT OF RESIDENCY

NAME:				
	(LAST)	(FIRST)	(M.I.)	
SOCIAL SI	ECURITY NUMBER:			
*LEGAL R	ESIDENCE:			
		ESIDENCE:		
MAILING	ADDRESS, IF DIFFER	ENT:		
HOME PHO				
BUSINESS	PHONE:			
SCHOOL I	DISTRICT:			
TOWN:		CITY:		
TITLE OF	EXAM FOR WHICH Y	OU'VE APPLIED:		
	COPIES OF THE FOLLO ON COUNTY:	OWING AS VERIFICATION OF	THIRTY-DAY RESIDENCY	
1. A copy	of your voter registration	n card verifying your Clinton Cour	nty address; OR	
2. Copies o	of both (a) and (b) below	; OR		

3. Copies of either (a) or (b) AND one of either (c), (d), (e) or (f) below

FOR (b) through (f) SUBMIT ONLY THAT PORTION SHOWING YOUR NAME AND ADDRESS INDICATING RESIDENCY IN CLINTON COUNTY:

- (a) New York State driver's license indicating residency in Clinton County
- (b) New York State income tax form
- (c) Recent utility bill
- (d) Lease
- (e) Mortgage
- (f) Last Will and Testament

*The term "residence" shall be deemed to mean that place where a person maintains a fixed, permanent and principal home and to which he wherever temporarily located, always intends to return.

ANSWER QUESTIONS ON THE REVERSE SIDE

1.) Are you registered to vote in Clinton Cou	inty? YES	NO
2.) Do you possess a New York State driver's County?	s license indicating residency YES	y in Clinton NO
3.) Do you file a New York State income tax	form indicating residency i YES	n Clinton County NO
4.) If no to (3) above, are you claimed as a d	ependent on someone else's YES	income tax? NO
5.) In which state do you file an income tax t	form?	
6.) Do you claim any other address as your p	permanent legal address? YES	NO
7.) If yes to (6) above, indicate your permane	ent legal address:	
"I AFFIRM THAT THE INFORMATION UNDERSTAND THAT THIS APPLICA" PURPOSES AS THE EQUIVALENT OF MATERIALLY FALSE STATEMENT, S PENALTIES FOR PERJURY AS IF I HA	TION WILL BE ACCEPTE FAN AFFIDAVIT, AND IF SHALL SUBJECT ME TO	D FOR ALL IT CONTAINS A
SIGNATURE	DATE	