

Case Name: _____

Case ID: _____

Worker #: _____

_____ County Department of Social Services

North Carolina Residency Declaration

This form is used to verify that, _____, is a
(Applicant(s) Name)

Resident of North Carolina and resides at _____.
(Physical Address)

I have personal knowledge that the above named (Check One):

- Intends to live in North Carolina permanently.
- Intends to remain in North Carolina for an indefinite period of time.
- Entered North Carolina in order to seek employment
- Entered North Carolina with a job commitment.

I herby declare that the above information is true and accurate.

Signature: _____

Relationship: _____

Date: _____

Telephone No: _____

Address: _____

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, or age in the admission, treatment, or participation in its programs, services and activities, or in employment.