

 **Dr. Jesus H. Chavez Ricardo Rivera**

 **Interim Superintendent Director**

BISD Adult Continuing Education Consortium for Cameron County

**AFFIDAVIT OF RESIDENCE**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom This May Concern,

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, formally acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is living at the street address of:

 Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have attached the following documents for your consideration:

 utility bill (water/light/cable/gas)

 home telephone bill

 renter’s receipt or contract

Sincerely,

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) CEL #[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Form 4B



 **Dr. Jesus H. Chavez Ricardo Rivera**

 **Interim Superintendent Director**

BISD Adult Continuing Education Consortium for Cameron County

**Declaración jurada de residencia**

Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A quien corresponda,

Yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, reconozco formalmente que \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

está viviendo en la dirección de:

 Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Estado de la ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Código postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adjunto los siguientes documentos para su consideración:

 factura de servicios (agua/luz/cable/gas)

 factura Telefónica de casa

 recibo o contrato de alquiler

Sinceramente,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CEL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form 4B