

# Affidavit of Residency

I, \_\_\_\_\_, of \_\_\_\_\_, PA do hereby declare that \_\_\_\_\_ (hitherto referred to as applicant) has been a resident of the Commonwealth of Pennsylvania for at least ten years and has lived in Pennsylvania the entire time. I further declare that the applicant named has not lived in any other state for the past ten years. I further swear or affirm that the applicant named have not been disqualified from working with children based upon a conviction of an offense under PA §6344. I swear or affirm that the applicant has not participated in nor been convicted of any physical or sexual abuse of minors.

I certify that the above stated is correct and true.

Name of Applicant (Minor) \_\_\_\_\_

Parent or Legal Guardian:

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness:  
Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_