

Case Name: _____
Case ID: _____
Worker #: _____

North Carolina Residency Declaration

_____ County Department of Social Services

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:

- ___ Intends to reside in North Carolina.
- ___ Entered the State with a job commitment or seeking employment.

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

Signature

Relationship

Date

Address: _____

Telephone No.: _____