CITY OF HARTFORD RESIDENCY AFFIDAVIT

The City of Hartford requires that you provide irrefutable evidence to substantiate that at the date of application for employment you are domiciled in the City of Hartford. For the purpose of this Request, "DOMICILED" is defined to be that place where an individual has his or her true, fixed, and permanent home, where he or she normally eats and sleeps and maintain his or her personal effects.

You are required to complete and submit this form at the time of your application of employment. You must also be prepared to submit any additional documentation, as the Director of Personnel may require. This information will be subject to verification during the background investigation.

NOTICE: THE APPLICANT BEARS THE BURDEN TO SHOW LEGAL DOMICILE, ANY FALSE OR MISLEADING STATEMENTS WILL RESULT IN CANDIDATE DISQUALIFICATION OR DISMISSAL.

	that I am a bonafide resident of the City of Hartford, who, as of thi
	iled, is domiciled within the City of Hartford. Evidence to
substantiate my claim for residency is provided as	ollows:
Complete all statements. Must have proof of the f	ollowing:
1.	
Address	
lown	
I rent	
Other (explain)	
If renting please provide the following and	a copy of your lease:
Name and Address of Landlord	Phone Number
2. I do not own property outside the Ci	y of Hartford

3. I have lived in the City of Hartford since Month Day Year

4. [] I have a driver's [] I do not have a	license and have provided a copy driver's license	7.
5. [] I do not own a r [] I own (a) motor		
License Plate #	Make & Model of Vehicle	Town where vehicle is registered
License Plate #	Make & Model of Vehicle	Town where vehicle is registered
[] I am not a regist	l voter in the City of Hartford tered voter I voter in another town (Please Spe	ecify)
[] telephone [] electric/gas [] cable	opy of at least one of the followin	e. bills, bank statement, magazine label)
8. If you are unable to	complete any of the above, please	explain the unusual circumstances.
* -		tation for bona fide residency, it may result in your considered further in this recruitment process.
understand and agree th	at if I make any false or misleadin	this application are true, complete and correct. I g statements of fact, I am subject to immediate and to such other penalties prescribed by the law.
Signature of A	pplicant	Date
* Please provide your ow Department are 50 cen		a. Photo copies made at the Personnel
FOR OFFICE USE O		Additional to the state of the
Reviewed by :	Date:	· · · · · · · · · · · · · · · · · · ·
Denied		
No. 100		
07/98		