



Lancaster County Tax Collection Bureau

1845 William Penn Way Suite 1

Lancaster, PA 17601-6713

Phone: (717) 569-4521

Fax: (717) 569-1623

www.lctcb.org

AFFIDAVIT OF RESIDENCE

Name: _____ Phone: _____

Applicants Soc. Sec. No. _____ Spouse's Soc. Sec. No. _____

I, the undersigned, being duly sworn according to law, depose and say:

1. I regularly eat and sleep in a dwelling situated at _____ since _____.
(street) (city, borough, state) (date)

2. I am _____ married Location of _____
_____ single spouse if _____
married _____

3. I maintain additional dwellings at _____

4. I have _____ children who attend school at _____.

5. I am registered to vote in _____.
(Political Subdivision - State)

6. My principal business, occupation or profession is _____ and I
work in _____.
(Geographical Location)

7. Employers name, address and telephone number: _____

8. In my Federal Income Tax Returns for _____ and _____ I listed my
address as _____.

9. For the past calendar year I have paid per capita taxes to _____.
(Political Subdivision)

10. For the past calendar year I have paid Earned Income Tax to _____.

11. For _____ and _____ I have filed the following types of Pennsylvania
Income Tax Returns: _____ Resident _____ Non-Resident

12. Location where your car is registered _____.
13. Location where your Driver's License is issued _____.
14. It is my contention that I am a resident of _____.
(Political Subdivision)
15. I submit the following additional relevant information to support my contention of residency in _____.

Additional Information:

(Signature)

Sworn to (or affirmed) before me this _____ day of _____, 20_____.

Notary Public