

State Personal Assistance Services (SPAS)
Residency Affidavit

I, _____, am a **RESIDENT** of Louisiana.

I certify that I, _____, presently live at

City

State

Zip Code

and that I have lived at this address since _____.
date

I, _____, further certify that the above information is true and accurate. Furthermore, I understand that **a false claim will subject me to immediate termination of services** from the State Personal Assistance Services Program.

Signature of Individual/Representative

Date