

Elite Premier Nurses, LLC  
9358 Route 35  
Mount Pleasant Mills, PA 17853  
Tel: (570) 286-8800  
Fax: (570) 286-8801



### VARIFICATION OF PA RESIDENCY

Please print legibly in ink.

Date: \_\_\_\_\_

#### Personal information

1. Name: \_\_\_\_\_

2. Current Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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3. Months/Years at this address: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_

*If you have resided at your current address less than two(2) years:*

Previous Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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Months/Years at this address: \_\_\_\_\_

**\*If necessary, please list the other places of residence to demonstrate that you have lived in Pennsylvania for the past two (2) years.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date