



ELITE PREMIER NURSES, LLC

**PENNSYLVANIA RESIDENT VERIFICATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Months/Years at this address: \_\_\_\_\_

If you have lived at your current address for less than 2 years, please list all prior addresses for the past two (2) years:

1. \_\_\_\_\_

2. \_\_\_\_\_

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous two (2) years.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name