

STATEMENT FROM FAMILY OR FRIEND

Name of applicant: _____

Date: _____

Please complete the following information to verify that you asked the above person to leave your residence. This statement must be signed and dated by the person who asked the above person to leave.

Address the above person was living at when asked to leave:

Reason the person was asked to leave:

Date the person had to leave:

Signature of Person Who Asked the Above Person to Leave

Date

What is your relationship to the above person

Address of Person Who Asked the Above Person to Leave

Phone