Three Rivers WORK SOURCE GEORGIA
Connecting Talent with Opportunity
A proud partner of the AmericanJobCenter network

SELF-ATTESTATION OF RESIDENCY

I, _____, live at _____,
(Participant Name) **(Street Address)**

_____ in _____.
(City, State, Zip Code) **(County)**

Participant Signature: _____

Full Printed Name: _____

Signature of Parent/Legal Guardian (if under 18): _____

Date: _____

Witness Signature/Date: _____