Detach and submit this page with your application if you are claiming residency points

RESIDENCY CREDIT APPLICATION AND AFFIDAVIT*

Last Name	(Please print)	First Name
000	Number (Last 6 digits on	
Social Security I	number (Last 6 digits on	у)
	ACKNOWLEDGEME	ENT AND CERTIFICATION
Stamford, Conne	ecticut; 2) have been of this application; and	m currently a bona fide resident of the City of lomiciled in the City since at least 12 months d 3) plan to remain a resident until at leas
Firefighter applic	cation supplement, and	g Stamford Residency Points" included in the understand that I bear the burden of proof to at the time such proof is requested and/or
be denied, or wil	I forfeit, the 5 point additi inaccurate or misleadi	able to substantiate my claim at that time, I will on to my written examination score; and/or 2) It ng information, I am subject to immediate
Signature of App	olicant	Date Signed

 $^*\underline{\text{IF}}$ applying for residency preference points, this form $\underline{\text{MUST}}$ be submitted as an attachment to the "City of Stamford Application for Examination or Employment-Firefighter #18-28" by the last filing date of October 31, 2018.