PHILADELPHIA HOUSING DEVELOPMENT CORPORATION

STATEMENT OF RESIDENCE STATUS

[   ]   I <u>am now</u> a bona fide resident of the City of Philadelphia. Attached is proof(s) that I am actually residing at the following address:

_____
HOUSE NO.   STREET   ZIP CODE

Further, I understand and acknowledge that, as a condition of continued employment, I must continue to maintain my bona fide residence within the City of Philadelphia during my entire period of employment with PHDC. Failure to comply with this residence requirement will result in my immediate dismissal from employment with PHDC.

[   ]   I <u>am not</u> presently a bona fide resident of the City of Philadelphia. My present address is:

_____
HOUSE NO.   STREET

_____
CITY   STATE   ZIP CODE

I understand I have six (6) months from the effective date of my employment to become and submit at least two verifiable and legal obligatory proofs of having become a bona fide reside of the City of Philadelphia. Also, I understand and acknowledge that thereafter, as a condition of continued employment, I must continue to maintain my bona fide residence with the City of Philadelphia during my entire period of employment with PHDC. Failure to comply with this residence requirement will result in my dismissal from employment with PHDC.

I acknowledge that it is my responsibility: to inform PHDC's Human Resource Department within ten (10) calendar days of any change of my address; to submit at least two forms of acceptable proofs; and, to ensure my address is accurately recorded with PHDC. I understand that acceptable proof(s) shall be determined by PHDC and may include driver's license, motor vehicle registration, official lease, official mortgage, automobile insurance policy, or similar documents.

I understand that any falsification of this statement regarding my residence and/or any failure to maintain or provide acceptable proof of my bona fide residence in the City of Philadelphia will be a basis for immediate dismissal from employment with the Philadelphia Housing Development Corporation.

EMPLOYEE NAME: _____ SOC. SEC. #: _____

SIGNATURE: _____ DATE: _____