

I, (resident/lessor) _____

verify that (enrollee family names) _____

are in residency at: (address) _____

Effective date: _____

Signature of resident/lessor: _____

State of Pennsylvania

County of Dauphin

Signed (or attested) before me on _____ (date)

by _____ (name(s) of individual(s)).

Signature of notarial officer _____

Stamp

Title of office

My commission expires: