

Auxiliary Grant Program

Statement of Virginia Residency and Intent to Remain in Virginia

I, _____ have moved to
(*name of individual applying for AG*)

Virginia effective _____ and intend to remain in Virginia.
(*date*)

Signature of Individual/
Individual's Personal Representative:

Date: _____

Individual's Current Address:

City: _____ State: _____ ZIP: _____

Telephone: _____