

**STATEMENT FROM FAMILY OR FRIEND**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the following information to verify that you asked the above person to leave your residence. This statement must be signed and dated by the person who asked the above person to leave.

Address the above person was living at when asked to leave:

\_\_\_\_\_

Reason the person was asked to leave:

\_\_\_\_\_

Date the person had to leave:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Who Asked the Above Person to Leave  
And Relationship to the Above Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Person Who Asked the Above Person to Leave

\_\_\_\_\_  
Phone