

Auxiliary Grant Program

Statement of Virginia Residency and Intent to Remain in Virginia

I, _____ have resided in Virginia for a
(name of individual applying for AG)
minimum of 90 days and intend to remain in Virginia.

Signature of Individual/
Individual's Personal Representative: _____

Date: _____

Individual's Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____