

Applicant Name	Social Security No. - -
----------------	-----------------------------------

RESIDENCE HISTORY INFORMATION (*LIST ALL ADDRESSES LEADING UP TO THE RESIDENCE LISTED ON CHL-78)

You are required to provide all addresses for a **full five years (60 months)** preceding the date of this application (e.g. 04/2005 to 04/2010), with no gaps and explaining any overlaps by attaching a written statement.

DATE RANGE(S) (MM/YYYY)	ADDRESS(ES) (MUST BE COMPLETE ADDRESS INFORMATION FOR EACH ITEM)			
From (BEGAN) /	Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	

EMPLOYMENT HISTORY INFORMATION (*LIST ALL ADDRESSES LEADING UP THE EMPLOYMENT LISTED ON CHL-78)

From (BEGAN) /	Employer Name/Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Employer Name/Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Employer Name/Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Employer Name/Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Employer Name/Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	
From (BEGAN) /	Employer Name/Address			
To (ENDED) /	City	State <small>(2-Letter Code)</small>	ZIP	

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any missing information and/or false statement made on this document or any other supplement provided to the Department will cause a **delay** in the processing of my application and may result in **criminal prosecution**.

Applicant Signature _____ Date ____ / ____ / ____