

# Georgia VoteSafe Program

## Resident Certification

I certify that \_\_\_\_\_ is a bona fide resident of  
(Name of Resident)

\_\_\_\_\_,  
(Name and Address of Shelter)

a Department of Human Resources (DHR) approved family violence shelter as defined in Georgia Code Section 19-13-20.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Shelter Operator (Signature)

\_\_\_\_\_  
Printed or Typed Name

To my knowledge, the information contained in the voter registration application, VoteSafe program application, this certification, and any supporting documentation, is true and accurate.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Elector

\_\_\_\_\_  
Printed or Typed Name