AFFIDAVIT REGARDING UNEMPLOYMENT BY HOUSEHOLD MEMBER

Applicant or Applicants:

Name:

Address:

Telephone Number:

Social Security:

Affidavit of Household Member:

I , do hereby state that I am unemployed and my sole form of income is from Social Security. I live in the home located at: ,

I hereby take an oath and state that I am unemployed.

I Do So Declare:

 Signature

STATE OF FLORIDA

COUNTY OF POLK

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who \_\_\_\_\_\_ is personally known to me or \_\_\_\_\_\_\_\_ has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

(AFFIX NOTARY SEAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_