

AFFIDAVIT

(Addendum to Application)

All applicants over the age of 18 to sign this form and provide all information requested.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned (applicant), freely and voluntarily authorize verification of any and all information set forth on documentation relating to this application, or release of any other information relating to this application. Including but not limited to, release of information by any creditor or employer.

The applicant understands and hereby acknowledges that the information referred to above, or certain portions thereof, may be protected from disclosure without this signed authorization by federal and state laws.

Applicant represents that the information set forth on the document or any other document related to this application is true and complete. The applicant understands that this is an official document governed by state and federal laws.

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Applicant(s) Signature Date

You MUST COMPLETE this portion of the affidavit. Please write clearly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name (if applicable)

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Present Address City State Zip