

AFFIDAVIT

APPLICANT WITH NO SOCIAL SECURITY NUMBER

NORTH CAROLINA

_____ **COUNTY**

I swear (or affirm) that I have not been issued a Social Security Number by the United States Government and I am ineligible to obtain a Social Security Number from the United States Government.

_____ Affiant

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

Notary Public (Notary's signature) (SEAL)

_____ My Commission Expires _____.
(Notary's typed or printed name)