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. I am a citizen of

__________________________

Name of Country

__________________________

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)