

Affidavit

TITLE #:

DATE:

State of New York)
County of _____) ss:

_____, being duly sworn, disposes and says:

1. I am (we are) the _____ of the premises affected by this transaction known as _____.
2. Due to the fact that we/I am/are not United States Citizen(s), I/we have not been issued Social Security Number(s).

Sworn to before me this _____
day of _____, 20__
