

Affidavit Of: _____

State Of: _____

County Of: _____

_____ being duly sworn deposes and states as follows
under penalty of perjury:

1: My name is _____ My Date of Birth is _____

My Current Address is _____

2: The Purpose of this Affidavit is to Confirm My Date of Birth with Respect To A
55 plus Community.

3: State and Type of I.D. Used to Confirm Date of Birth _____

I hereby swear and affirm that the above information is true, accurate and
complete to the best of my knowledge, and no relevant information has been
omitted:

Date: _____ Signature _____

Notary Public: _____

Title and Rank: _____

Date of Commission Expires: _____

Board Approved June 2024