

AFFIDAVIT OF FAMILY MEMBERSHIP

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____
(hereinafter "Affiant"), who, after being duly sworn, deposes and states as follows:

1. My name is _____. I am of legal age, and I am the owner of the
property located at: _____
("Property").

2. I make this affidavit voluntarily, based on my personal knowledge, to confirm the familial
relationship of the individuals listed below.

3. The following individuals reside at the Property and are my family members:

- _____ (Full Name, Relationship)
- _____ (Full Name, Relationship)
- _____ (Full Name, Relationship)
- _____ (Full Name, Relationship)

4. I understand that this affidavit is made for the purpose of verifying the family relationship of the
above-named individuals as required by _____
(entity requesting affidavit).

5. I affirm that all the information contained in this affidavit is true and correct to the best of my
knowledge, information, and belief. I understand that providing false or misleading information
in this affidavit may result in legal consequences.

FURTHER AFFIANT SAYETH NAUGHT.

Affiant's Signature

Printed Name: _____

Date: _____

NOTARY ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, **20**, by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public

Printed Name: _____

Commission No.: _____

My Commission Expires: _____