

# 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\_\_

\_\_\_\_\_