

**Affidavit of Application Accuracy and Agreement**

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

1. The source of my mother's income is \_\_\_\_\_ and her annual income is \_\_\_\_\_. My mother's age is \_\_\_\_\_.

2. I \_\_\_\_\_ am the sole source of financial support for my Mother \_\_\_\_\_.

3. The source of my father's income is \_\_\_\_\_ and his annual income is \_\_\_\_\_. My father's age is \_\_\_\_\_.

4. I \_\_\_\_\_ am the sole source of financial support for my Father \_\_\_\_\_.

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My \_\_\_\_ mother's whereabouts and income are unknown.

My \_\_\_\_ father's whereabouts and income are unknown.

My mother \_\_\_\_\_ is deceased  
**Print name**

My father \_\_\_\_\_ is deceased,  
**Print name**

By signing this statement I agree to the following:

To the best of my knowledge the information I have provided is true and accurate. If asked, I will provide proof of accuracy of any response I have indicated in this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed or typed Name of Applicant \_\_\_\_\_ ID# \_\_\_\_\_