

AFFIDAVIT OF INELIGIBILITY

Applicant with no Social Security Number

NORTH CAROLINA

WATAUGA COUNTY

_____, appearing before me the undersigned notary and being duly sworn, says that:

“I swear (or affirm) that I have not been issued a social security number by the United States Government and I am ineligible to obtain a social security number.”

Affiant’s Signature

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____.

Notary Public (Notary’s Signature)

NOTARY SEAL

Notary’s typed or printed name

My commission expires _____