



### VERIFICATION OF NO FINANCIAL ACCOUNTS

*This form must be completed by all household members age 18 and older that do not have a financial account.*

The purpose of this form is to certify that I, \_\_\_\_\_ residing at  
NAME

\_\_\_\_\_  
ADDRESS

do not have any checking accounts, savings accounts, money market accounts, certificate of deposit accounts, IRA accounts, Keogh accounts, retirement accounts and any other type of financial account.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

State of Florida  
County of Seminole

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by  
He/She who has produced \_\_\_\_\_ as identification

(NOTARY SEAL)

\_\_\_\_\_  
FLORIDA NOTARY

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.