



VERIFICATION OF NO FINANCIAL ACCOUNTS

*This form must be completed by all household members over age 18
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.