

**Proof of Income AFFIDAVIT**

I, \_\_\_\_\_, hereby affirm that I have known \_\_\_\_\_ for a period of at least 12 months and can attest that, to the best of my knowledge, she/he has received \$\_\_\_\_\_ in income during this period. During this period of time I have/have not helped this individual by providing living expenses such as food, housing, gas, etc. and that these services may be added up to an approximate figure of \$\_\_\_\_\_ on a monthly basis.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF OKALOOSA

Before me this day personally appeared \_\_\_\_\_ who, being  
duly sworn deposes and says: (Name of Affiant)

“I swear or affirm that the above information is true.”

\_\_\_\_\_  
(Signature of Affiant)

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, by \_\_\_\_\_  
(Name of Affiant)

Personally known \_\_\_\_\_

OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Print, Type or Stamp Name of Notary