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