HOUSEHOLD AFFIDAVIT

On _____ **[date of accident], I,** _____**, resided at**

_____.

I am currently residing at (if different from the above) _____.

Check the correct response:

- **At the time of the accident I was living alone; no one else lived with me.**

  or

- **The following people lived with me on the date of accident:**

NAME	Social Security #	DATE of BIRTH	RELATIONSHIP

Please list ALL members of the your household, including Social Security #, dates of birth & relationship to you. [*use reverse if necessary*]

****** ***MUST BE NOTARIZED*** ******

_____
Signature date

Notary:

Sworn to before me this day
Of 20___

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON WHO FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION.