<u>Declaration of Unemployment</u>

Candidate Name:		
Address:		
Last 4 digits of Social Security Nu	mber:	
Statement of Facts:		
I am primarily responsible for the		d and cannot be claimed as
dependent on any other person's t	ax return.	
Under penalty of perjury, I declare best of my knowledge.	e the above statement	of facts to be true and valid to the
	Signature	
	Date	
Acknowledgement to be completed by a Nota	ıry Public:	
STATE OF NEW YORK COUNTY OF)) SS:	
On this day of		, 20, before me personally
		, to me known
and known to me to be the same pers		
and he/she duly acknowledged to me	that he/she executed th	e same.
	Notary Public	

(Please sign, affix stamp and include expiration date)