

AFFIDAVIT OF ADDRESS

The undersigned, whether one or more persons, certify that the information provided is true and accurate. All borrowers must complete the information as requested below. Please use additional form if necessary.

FUTURE MAILING ADDRESS:

Borrower (1): _____
(Please print name)

Social Security # _____

New Address, City, State, Zip: _____
(No P.O. Boxes accepted)

Phone#: Home: _____ Work: _____ Cell: _____

Email Address: _____

Borrower (2): _____
(Please print name)

Social Security # _____

New Address, City, State, Zip: _____
(No P.O. Boxes accepted)

Phone#: Home: _____ Work: _____ Cell: _____

Email Address: _____

Borrower (1) Signature

Date

Borrower (2) Signature

Date