HOUSEHOLD AFFIDAVIT

On	[date of accident], I,		, resided at
I am currently	residing at (if different fro	om the above)	·
or	me of the accident I w	vas living alone; no one el	
NAME	Social Securi	ty# DATE of BIRTH	RELATIONSHIP
1800 to 100 to 1	contraction or the second		
MANAGEMENT OF THE PROPERTY OF			
		household, including Soc	
birth & relation	·	[use reverse if necessary]	
	***** <u>MUST</u>	<u>BE NOTARIZED</u> ****	**
Notary:		Signature	date
Sworn to before Of 20	me this day		

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.