

CID \_\_\_\_\_

LID \_\_\_\_\_



**AFFIDAVIT**

The person whose name is signed below (who is referred to in this affidavit as the “Applicant”), has applied for ECUA sanitation service at the SSI Sanitation Rate at the following location:

\_\_\_\_\_ Service Address

In support of his or her application for this rate, Applicant states under oath that:

1. Applicant receives regular Supplemental Security Income (SSI) benefits administered by the Social Security Administration.
2. Applicant furnishes more than one-half of the cost of maintaining a household at the location listed above.
3. The household mentioned in paragraph 2 is the principal residence of both:
  - a. Applicant; and
  - b. The husband, wife, mother, or father of Applicant, or a natural or adopted son, daughter, stepson, or stepdaughter of Affiant, or a natural or adopted descendant of a son or daughter of Applicant.
4. Applicant understands the nature of an oath, and understands that this oath is given under penalty of perjury.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Type/Print Name

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, who is personally known to me or  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public, State of Florida