

AFFIDAVIT OF INELIGIBILITY
Applicant with no Social Security Number

NORTH CAROLINA
WATAUGA COUNTY

_____, appearing before me the undersigned
notary and being duly sworn, says that:

**“I swear (or affirm) that I have not been issued a social security number by the
United States Government and I am ineligible to obtain a social security number.”**

Affiant’s Signature

Sworn to (or affirmed) and subscribed before me this _____ day of

_____, _____.

Notary Public (Notary’s Signature)

NOTARY SEAL

Notary’s typed or printed name

My commission expires _____

Amended G.S. 51-8 effective July 21, 1999, S. L. 1999-375 (S 108)