

ADRIENE IASONI
ACTING PERSONNEL OFFICER



KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

Declaration of Unemployment

Candidate Name: _____

Address: _____

Last 4 digits of Social Security Number: _____

Statement of Facts:

I am primarily responsible for the support of a household and cannot be claimed as dependent on any other person's tax return.

Under penalty of perjury, I declare the above statement of facts to be true and valid to the best of my knowledge.

Signature

Date

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____ On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public
(Please sign and affix stamp)