

STATEMENT REGARDING DEBTOR IDENTIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF)

I swear as follows:

1) My name is: _____

2) My address is: _____

3) The photo identification I have provided to prove my identity is as follows:
(Please complete blanks OR attach copies)

- ____ Driver's License (State and number) _____
- ____ State Identification (State and number) _____
- ____ Passport (Country, number, Expiration date) _____
- ____ Military identification (Branch & ID number) _____
- ____ Legal resident alien card (number) _____
- ____ Other (Describe, attach copy) _____

4) My Social Security number is: _ _ _ _ _

5) The proof of Social Security number I have provided is as follows:
(Please attach a copy)

- ____ Social Security Card
- ____ W2 form
- ____ Recent payroll earnings statement
- ____ Employers health card
- ____ Other (document which shows name and social security number)

6) I have read the Statement of Information Required by 11 U.S.C. § 341.

I swear under penalty of perjury that all of the above is true and correct.

Signature

Subscribed and sworn before me
this ____ day of _____, 2____

Notary Public

ATTORNEY CERTIFICATION

I hereby certify that I have personally
seen the original documents attached as
copies to this affidavit.

Attorney for Debtor