## **IDENTITY FRAUD PREVENTION AFFIDAVIT**

My full legal name is				
(or corporate, partnership, etc.)	(First)	(Middle)	(Last)	(Jr., Sr., III)
My date of birth is				
(or date of incorporation, if applicabl	e) (	Month / Day / Yea	ar)	
My social security number is				
(or date of incorporation, if applicabl	e)			
My driver's license or identification of	ard state and nun	nber are		
	ed in this affiday	vit for the sole pu	urposes of verifyi	o the best of my knowledge. I consent to the ng my identity and preventing fraud, and any other purpose.
WITNESS THE HAND AND SEAL	OF THE UNDE	RSIGNED:		
(Borrower)		Date		
STATE OF				
On day of personally appeared or witness(es) to the above-reference		e me,, who has/have	e satisfactorily ider	Notary Public in and for said county, atified him/her/themselves as the signer(s)
Notary Public Signature				
My Commission Expires:				

Settlement Agent signs below to acknowledge that he/she/it has verified the identify of the foregoing borrower, according to the lender's closing instructions.

Iconic Title Agency LLC

By:\_\_\_\_\_