NAME AFFIDAVIT

DATE:				
RE: NY				
This is to certify that the signature of	of the person listed	d below is one a	nd the same perso	n:
NOTE TO CLOSING AGENT: IF AN MORTGAGOR OCCURS ON ANY I FORMS, PLEASE HAVE THIS AFFI	PART OF THE LC	OAN DOCUMEN	NTS OR FEDERAL	L, AGENCY
STATE OF				
I,	_, being duly swor	n, make this my	affidavit and state:	
Date:				
Affiant's Name				
Subscribed and sworn to before me on	this da	y of , 202	by	
Notary Public Signature				
My Commission Expires:				