

List the name(s) of any dependent(s) that reside(s) within the mutual household of the co-applicants who is (are): 1) a biological, adopted, or foster child of a domestic partner; or 2) a dependent as defined under IRS regulations; or 3) a ward of a domestic partner as determined in a guardianship or other legal proceeding; or 4) a person supported in whole or in part by their registered partner's earnings and relies on such support.

List Dependents: _____
If the above is left blank, it would be automatically assumed that there are **no** dependents.

We swear or affirm under penalty of perjury that the statements and information provided on this form are true and correct.

Signed on _____ in _____, _____
Date City State

Signature of Applicant Witness (may not be blood relative of applicant)

Print Name: _____
Date of Birth: _____ Print Name: _____

Signature of Applicant Witness (may not be blood relative of applicant)

Print Name: _____
Date of Birth: _____ Print Name: _____

Notarization of both signatures: (Required)

State of _____
County of _____
Sworn to and subscribed before me this ___ day of _____, 20__ by
_____ and _____

Who are personally known _____ or produced the following identification _____:
_____.

Signature of Notary Public SEAL

NOTE: If either of the co-applicants **claims any exemption to public record disclosure** pursuant to Section 119, Florida Statutes, the person claiming such exemption must make a separate written request for maintenance of the exemption as to this record. A form is available upon request from the Clerk of Court for this purpose.