

AFFIDAVIT

_____ being duly sworn upon his/her oath deposes and says:
(Name of Laborer)

1. That he/she is a member of Laborers Local _____ and as such is a participant in the Indiana Laborers Welfare Fund.
2. That he/she has living at his/her home as a minor dependent, a child named _____ whose birth date is _____ and who is related to him/her as follows: _____.
3. That he/she supplies at least 50% of support of this minor dependent: YES: _____ NO: ___(Please explain)_____.
4. That he/she pays for all of the room, board and clothing of said minor dependent: YES: _____ NO: ___(Please explain)_____.
5. That he/she will establish with the United States Internal Revenue Service the dependency exemption of this minor dependent as will be evidence by his/her next income tax report and that a copy of same will be forwarded to the Fund office after it has been filed.
6. That he/she is now married and living with his/her spouse named _____ and said minor dependent resides at the same address.
7. That he/she acknowledges the execution of the above affidavit and states that the matters set out above are true and correct statements.

Signature of Laborer

Signature of Spouse

Social Security No. of Laborer

STATE OF INDIANA)
) SS:
COUNTY OF)

Subscribed to and sworn to before _____,

A Notary Public, in and for said County and State, this _____ day of _____.

Notary Public

(SEAL)
My commission expires: _____