

Affidavit of Co-Habitant

State of New York				
County of		ss.:		
I,(Name of person making affid	lavit)			, residing at
(Address, including zip code) in the City of New York, do	hereby	affirm that the	applicant,	
(Name of applicant) currently resides with me at	t the above	ve address.		,
My relationship to the appli				
My telephone number is	(H)			
	(C)			
	(W)			
I understand that the application the New York City Posta permit or license and storic	olice Dep	partment, and I l	nave no ob	
			(Signature)	
Sworn to before me this				
day of		_		
Notary Public		_		