

AFFIDAVIT OF FACTS

Washington, District of Columbia []

Maryland []
County of _____

Virginia []
County of _____

I, the undersigned, hereby affirm on _____, 20_____, that:

1. My legal name is _____.
2. My date of birth is _____.
3. My social security number is: _____.
4. I currently reside at the following address:

_____.
5. My telephone number is: _____.
6. The purpose of this affidavit is to provide supporting facts, establish my hardship, and verify my identity for the Kimmy Duong Foundation Hardship Grant.
7. I attest my application for the Kimmy Duong Foundation Hardship Grant contains facts and is based on true hardship.

Signature

Printed Name