



The Identity Theft Affidavit is required to be notarized and signed by you. In addition to the affidavit, you will need to provide legible copies of the following **Required Documents**:

- o Your Social Security Card
- o Valid Form of ID (Front and Back)
- o Proof of Address

*** The department cannot proceed with review of the claim without your signed and notarized affidavit as well as your required documents. Please see the below list of acceptable documentation.**

Example Forms of ID

- Valid driver's license
- State-issued identification card
- Student identification card
- Military identification card
- Passport or passport card

Example Proof of Address

- Property tax receipt
- Posted mail with your name
- Utility bill or bill in your name
- Lease agreement or mortgage statement
- Insurance card
- Voter registration card
- College enrollment papers
- Bank or credit card statement

To return a completed affidavit and supporting documentation, please visit the RA Help Center:

- o Select "Report ID Theft/Fraud" and select "I need to return an Identity Theft Affidavit and supporting documentation".



Date:		Claimant's SS#/ID#	
PH #		Claimant's Name	
ER NAME		ER ADDRESS/ID #	

COUNTY OF _____
STATE OF FLORIDA

I, _____, D.O.B. _____, reside at:

Address: _____

declare the following:

- I **did** **did not** authorize anyone to use my name, SS# or personal information to obtain RA benefits – or for any other purpose – as described in this report.
- I **have** **have not** shared my personal information and/or PIN with anyone.
- I **did** **did not** receive any money, services or other benefit as a result of the events described in this report.
- I **did** **did not** authorize anyone to change my address, method of payment or banking information.
- My identification documents (e.g. driver's license, ss card, birth certificate; etc.) were
 I **have not** lost my documents.
 Stolen lost on or about _____.
- I **do** **do not** know who used my information or identification documents to get benefits or services without my knowledge or authorization.

I believe the following person used my information or identification documents to file a claim.

Name: _____ Relation: _____

Additional information about this person: _____

- I **did** **did not** file a report with your local police department?
 - If no**, explain why. _____
 - If yes**, in which department was the report filed? _____ Date _____
 - What is the report number? _____
 - To your knowledge, is an investigation being conducted? yes no
- I **am** **am not** willing to assist with Law Enforcement if charges are brought against the person(s) who committed the fraud.



Please provide a statement below regarding the incident that led to the identity being stolen and how you became aware of this:

Multiple horizontal lines for providing a statement.

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

(Signature)

(Date signed)

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

The foregoing instrument was acknowledged before me on this ____ Day of _____, 20____ by the above named Individual, who has produced FL DL FL ID US PASSPORT ALIEN DOC OTHER # _____ expiration date _____ as identification and who has taken an oath.

Notary Public

Commission #

Printed Name of Acknowledger