

Identity Theft Affidavit

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], do hereby declare that I am a victim of identity theft. I am submitting this affidavit in relation to my application for government benefits. The following particulars outline the situation:

Victim Information

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Social Security Number: [Your SSN]

Details of the Theft

I have reason to believe that my personal information has been unlawfully used to apply for benefits without my consent. The details of the fraudulent activity are as follows:

- Date of Incident: [Insert Date]
- Type of Benefits Fraudulently Obtained: [Specify Benefits]
- Agency/Department Involved: [Insert Agency Name]

Declaration

I affirm that I have not applied for, nor have I received, the benefits in question. I have taken necessary steps to report this identity theft to [Name of Police Department or FTC] and attached a copy of the police report/complaint for reference.

Supporting Documents

Enclosed are copies of supporting documents to substantiate my claim:

- Police report or complaint verification
- Proof of identity (e.g., driver's license, utility bill)

Thank you for your attention to this matter. Please contact me at [Your Phone Number] or [Your Email Address] if further information is needed.

Sincerely,

[Your Full Name]

[Your Signature (if sending a hard copy)]