

# AFFIDAVIT

STATE OF \_\_\_\_\_,

COUNTY OF \_\_\_\_\_, to-wit:

I, \_\_\_\_\_, being duly sworn deposes and states as follows under penalty of perjury:

1. I am the custodian<sup>1</sup> of a minor child/or children, and I have or share actual physical possession, or care and custody of said minor child/children, named below:

- \_\_\_\_\_ age \_\_\_\_\_
- \_\_\_\_\_ age \_\_\_\_\_
- \_\_\_\_\_ age \_\_\_\_\_
- \_\_\_\_\_ age \_\_\_\_\_

2. I affirm that I have had shared and/or actual physical possession or care, and custody of the minor child/children named above for approximately: (*Date that shared/actual physical possession or care, and custody of the child/children began; months or years, etc.*):

\_\_\_\_\_.

*\* Please attach any supporting documentation you might have to the affidavit: i.e. notarized letter from parent/legal guardian. \**

\_\_\_\_\_  
<sup>1</sup> "Custodian" means a person who has or shares actual physical possession or care and custody of a child, regardless of whether that person has been granted custody of the child by any contract or agreement. W.Va. St. Code § 49-1-204. W.Va. Code St. R. § 112-18-5.1.1.

3. I affirm that I have the following familial and/or kinship relationship to the minor child/children named above:

\_\_\_\_\_.

4. I affirm that I have a permanent residence at the following West Virginia address:

\_\_\_\_\_.

5. I affirm that I intend to apply for or have applied for the Hope Scholarship Program on behalf of the child/children named above pursuant to W.Va. Code St. R. § 112-18-5.1.1.<sup>2</sup>

6. I affirm that I intend to act on behalf of the minor child/children indicated above as an Authorized Account Holder for the Hope Scholarship Program pursuant to W.Va. Code St. R. § 112-18-5.1.

7. I affirm that I will notify the Hope Scholarship Program if I cannot act as the Authorized Account Holder because I no longer have shared and/or actual physical possession or care and custody of the minor child/children named above.

8. I hereby swear or affirm that the information above is true, accurate, and complete to the best of my knowledge. No relevant information has been omitted.

\_\_\_\_\_  
[Signature]

Dated: \_\_\_\_\_

<sup>2</sup> W.Va. St. Code §§ 18-8-1a (b) and 18-8-1a (c).

NOTARY PUBLIC

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary

My commission expires: \_\_\_\_\_, 20\_\_\_\_.