

AFFIDAVIT OF NO INCOME (UM/PIP)

I, _____, of full age, being duly sworn according to law hereby depose and say that:

1. On or about _____, I lived at (address) _____, (city/town) _____, (state) _____, (zip code) _____.
2. On or about that same date, I was injured in an accident involving a private passenger automobile.
3. I was not the owner of an automobile on or about that same date.
4. The following are available private passenger auto insurance policies in my household:

Carrier	Insured	Policy Number

5. I am not otherwise entitled to New Jersey Automobile No-Fault benefits for this accident.
6. I am, therefore, executing this Affidavit in order to receive New Jersey's Automobile No-Fault benefits under:

Policyholder's Name: _____ **Policy No.:** _____

7. **My Date of Birth is:** _____
My Social Security No. is: _____
My Driver's License No. is: _____
My Home Phone No. is: _____
My Business Phone No. is: _____

Signed: _____

STATE OF NEW JERSEY

SS

COUNTY OF _____

On this _____ day of _____, 201____, before me personally came _____, known by me to be the individual named in and who executed the foregoing instrument.

Notary Public