



**GEORGIA DEPARTMENT OF PUBLIC HEALTH**

**Verification of Residency for Public Benefits**

**O.C.G.A. Section 50-36-1(e)(2)**

As part of my application for public benefits from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

*[check one of the following]*

- (1) \_\_\_\_\_ A citizen of the United States;
  - (2) \_\_\_\_\_ A legal permanent resident of the United States;
- or
- (3) \_\_\_\_\_ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number \_\_\_\_\_.

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). That secure and verifiable document is my

\_\_\_\_\_  
\_\_\_\_\_.

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_.