Affidavit For Lawful Presence Verification
For
Georgia Department of Early Care and Learning
INCENTIVES

By executing this affidavit under oath, as an applicant for an INCENTIVES payment or for other public benefit as referenced in O.C.G.A. §50-36-1(a)(3)(A), I hereby swear and affirm that the following is true and correct with respect to my application for an INCENTIVES payment from: Georgia Department of Early Care and Learning.

Name of Person Receiving Benefit: _______________________________________________

Check only ONE of the following:

1) _____ I am a United States citizen 18 years of age or older.

2) _____ I am a legal permanent resident of the United States, 18 years of age or older.
   (You must submit a copy of the FRONT and BACK of your Legal Permanent Resident card).

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien registration number issued by the Department of Homeland Security or other federal immigration agency
   (You must submit a copy of the FRONT and BACK of your Alien Registration Receipt card).

My alien registration number issued by the Department of Homeland Security or other federal immigration agency is: _______________________________. (Required if #2 or #3 is checked).

I also verify I am providing A COPY OF THE FRONT AND BACK of at least one secure and verifiable document, as required by O.C.G.A. Sec. 50-36-1(e)(1), with this affidavit. A complete list of acceptable documents is on page 8 of this application.

The FRONT AND BACK of the secure and verifiable document I am providing with this affidavit is:
__________________________________________________________

(Identify the document, such as driver’s license, birth certificate if last name is still the same, permanent resident card, etc.)

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit in any matter within the jurisdiction of any department or agency of state government shall be guilty of a violation of O.C.G.A. §16-10-20 and face criminal penalties as allowed by such criminal statute.

______________________________ Date
Signature of Applicant

______________________________
Printed Name:

______________________________
Printed Address:

______________________________ Mailing Address

______________________________
City State Zip

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _______________, 20___

______________________________
Notary Public

My Commission Expires: ___/___, 20___