

INSTRUCTIONS FOR COMPLETING VERIFICATION OF RESIDENCY FOR PUBLIC BENEFITS APPLICATION

Georgia law requires that every permit application submitted to Cobb & Douglas Public Health Center for Environmental Health be accompanied by a *Verification of Residency for Public Benefits* application to establish that the applicant is lawfully present in the United States of America.

The applicant must present to a Notary Public at least one (1) secure and verifiable identity document along with the affidavit.

The original signed and notarized affidavit, along with a copy of the identification document presented to the Notary Public, must be provided to the Center for Environmental Health with the completed application.

Failure to provide the affidavit, or the supporting document, will result in a delay in the application process.

A list of acceptable documents is available at the following link:

<http://goo.gl/ocHX0q>



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 _____.