

**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).**
(You must submit the FRONT and BACK of your LPR/QA card).

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.

Signature of Applicant _____
Date

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__