



AFFIDAVIT VERIFYING STATUS for RECEIPT OF PUBLIC BENEFITS
O.C.G.A. § 50-36-1(e)(2) Affidavit
Locust Grove, GA

By executing this affidavit under oath, as an applicant for the City of Locust Grove, Georgia public benefit (defined below), as supplemented by resolution of the City Council, and as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application to the City of Locust Grove:

_____ I am a United States citizen.

OR

_____ I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

I understand that "public benefit" includes but is not limited to: Adult education; Authorization to conduct a commercial enterprise or business; Authorization to conduct activities regulated by local government such as flea markets, peddlers, sidewalk vendors, massage therapy, bingo games, adult entertainment, pawn shops, day cares, etc.; Business certificate, license, or registration; Business loan; Cash allowance; Contract for materials or services; Disability assistance or insurance; Down payment assistance; Energy assistance; Food stamps; Gaming license; Health benefits; Housing allowance, grant, guarantee, or loan; Home occupation certificate, license, license and registration; Loan guarantee; Medicaid; Occupational license; Professional license; Registration of a regulated business; Rent assistance or subsidy; Retirement benefits; State grant or loan; State identification card; Tax certificate required to conduct a commercial business; Temporary assistance for needy families (TANF); Unemployment insurance; Vehicles for Hire certificate or license; and Welfare to work.

Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity

Address of Individual Named Above

Telephone Number

Name of individual, corporation, partnership or other private entity for whom application is being made

Category of Public Benefit

In making the above representations under oath, I understand that any person who knowing and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____ 20_____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

Signature of Applicant

Date

Printed Name of Applicant

***Alien Registration Number for Non-Citizens**