FORM TO BE NOTARIZED IS PAGE 2 OF THIS DOCUMENT

INSTRUCTIONS FOR COMPLETING VERIFICATION OF RESIDENCY FOR PUBLIC BENEFITS APPLICATION

Georgia law requires that every permit application submitted to Habersham County Environmental Health Department 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. The Verification of Residency form can be found on page 2 of this document.

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:

https://www.habershamga.com/verification-of-residency.cfm

FORM TO BE NOTARIZED IS PAGE 2 OF THIS DOCUMENT

GEORGIA DEPARTMENT OF PUBLIC HEALTH

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Verification of Residency

I hereby swear, under oath, that I am: *(check <u>one</u> of the following)*

_____ Citizen of the United States;
_____ A legal permanent resident of the United States;
_____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.
Official Alien Number: _____

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

Copy of document provided (check one):
_____ Driver's license
_____ Birth certificate
_____ US Passport
_____ US Permanent Residence or Alien Registration Receipt Card
_____ Certificate of Citizenship or Naturalization
_____ Other (please call our office at 404-657-6534 to verify document will be accepted)

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.

Name (printed):

_____

Signature:

_____

Notes:
This form must be notarized or it <u>will not be accepted</u>.

Subscribed and sworn before me
this ____ day of _____, 20___.

_____
Notary Public
My commission expires _____.