

STATE OF \_\_\_\_\_

BYB/Add. CWB Date \_\_\_\_\_

COUNTY OF \_\_\_\_\_

### APPLICANT STATUS AFFIDAVIT

[O.C.G.A. 50-36-1]

Comes now the undersigned, who, upon oath duly taken, states:

1. My full name is \_\_\_\_\_ and my Social Security Number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. I present here my government-issued picture identification in support of this declaration of my name and identity. I am an applicant for a public benefit, and I am making the representations in this AFFIDAVIT to obtain that public benefit.

2. I was born in [NAME OF COUNTRY] \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_, and I am 18 years of age or older.

3. I declare [INITIAL ONE]: [\_\_\_\_\_] that I am a U.S. Citizen; OR [\_\_\_\_\_] that I am a legal permanent resident; OR [\_\_\_\_\_] that I am qualified alien or non-immigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, lawfully present in the United States.

4. *Employment Authorization Document: REQUIRED OF ALL NON-CITIZENS.* If I indicated other than United States citizenship in item #3 above, my Alien Registration Number or other Number is:

Alien Registration # _____	Card # _____
Citizenship Cert # _____	Passport # _____ (with)
Naturalization # _____	I-94 Stamp # _____ (or)
SEVIS ID # _____	I-551 Stamp # _____
Expiration Date: _____	I-94 # _____

and I present the original document here for your review and copying. Copy attached [\_\_\_\_\_] ]

5. **Consent to Disclosure.** I freely and voluntarily waive the confidentiality provisions of the Immigration Reform and Control Act of 1986 (IRCA) to permit the Department of Homeland Security (DHS) to provide the Georgia Department of Labor information regarding my alien status for purposes of determining my eligibility for unemployment insurance benefits. I understand that IRCA precludes DHS from using, publishing or making available information related to my application for adjustment to temporary residence except as provided by law (confidentiality provision).

6. I understand that knowingly and willingly making a false, fictitious, or fraudulent statement or representation in this affidavit is a violation of O.C.G.A. Code Section 16-10-20 and is subject to criminal prosecution under that and other state and federal laws. I swear or affirm that the citizenship and other information I have provided here is true and correct to the best of my personal knowledge and belief.

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Applicant Signature: \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\_\_\_\_\_  
Claims Taker Signature

Employee ID# (4 digits): \_\_\_\_\_

*Note to Notary Public: Initial space on back of form to indicate document(s) provided.*

For Central Office Only:	
Cert # _____	Emp. Elig. Date _____
Secondary Verification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks _____	

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**SECURE AND VERIFIABLE DOCUMENTS UNDER O.C.G.A. & 50-36-2**

**Initials:**

\_\_\_\_\_ A United States passport or passport card.

\_\_\_\_\_ A United States military identification card.

\_\_\_\_\_ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card.

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer.

\_\_\_\_\_ A passport issued by a foreign government.

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard.

\_\_\_\_\_ A Free and Secure Trade (FAST) card.

\_\_\_\_\_ A NEXUS card.

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card.

\_\_\_\_\_ A driver's license issued by a Canadian government authority.

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS).

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570).