

## Affidavit Verifying Status for City Public Benefit Application (SAVE)

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Updated SEPT 2023

## **Affidavit**

Authoriz  Name o	a false, fictitious, or fra G.A. § 16-10-20 and fa zed Officer or Agent Na f Business	audulent statement or representation in an a ace criminal penalties as allowed by such crin  ame Applicant Signature	iffidavit shall be guilty of a violation
Authoriz	a false, fictitious, or fra G.A. § 16-10-20 and fa zed Officer or Agent Na f Business	audulent statement or representation in an a ace criminal penalties as allowed by such crin	offidavit shall be guilty of a violation minal statute.
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makes a	false, fictitious, or fra	audulent statement or representation in an a	iffidavit shall be guilty of a violation
Type of	Document	ntation under oath, I understand that any per	rson who knowingly and willfully
secure a	ersigned applicant also nd verifiable documen	the bepartment of Homeland Sectors hereby verifies that they are 18 years of agot, as required by O.C.G.A. § 50-36-I(e)(I), wiffidavit can be best classified as:	ge or older and have provided at least one
	 Alien Number	r Issued by the Department of Homeland Sec	Surity or Other Federal Agency
		d alien or non-immigrant under the Federal In number issued by the Department of Homel agency.	
	Alien Number	r Issued by the Department of Homeland Sec	curity or Other Federal Agency
	☐ I am a legal p	permanent resident.	
	me: 🔲 Tam a United	d States citizen.	
Check C	na. Tama a linitad		
as refer of the fo	enced in O.C.G.A. § 50 bllowing with respect t	der oath, as an applicant for an Occupational 0-36-1, from the City of Pooler, Georgia, the to my application for public benefit.	