

AFFIDAVIT ATTESTING CITIZENSHIP FOR CASH ASSISTANCE AND NUTRITION ASSISTANCE

Case Name _____ Case Number _____

Citizen's Name _____ Citizen's Date of Birth _____

This form can be used only when other documents that verify the person's citizenship cannot be obtained.

This form must be completed by a person meeting **ALL** of the following:

- Must be a United States citizen.
- Cannot be applying or receiving Nutrition Assistance and/or Cash Assistance benefits with the citizen.
- Must have personal knowledge of the person's claim of U. S. citizenship.

By swearing and signing below, I attest that I am a U. S. citizen and can provide documentation to establish that I am a U. S. citizen, if asked. I also attest that I am verifying the citizenship of _____

My relationship is that of a _____

I further attest, based on personal knowledge, that this person is a citizen of the United States based on:

Birth was on: _____ At: _____

Naturalization was on: _____ At: _____

Other: *(Explain)* _____

By signing below, I swear and declare under penalty of perjury that the statements I have given on this form are true and correct to the best of my knowledge. I also understand that if I withhold information or provide or assist another in providing false, fraudulent, or misleading information, I may be subject to civil and/or criminal prosecution resulting in fines, imprisonment and/or repayment for costs of all benefits improperly received.

Name *(Last, First, M.I.)* _____ Phone NO. *(Include area code)* _____

Address *(No., Street)* _____

City _____ State _____ ZIP Code _____

Signature _____

Routing: **Original** – Case Record; **Copy** – Client

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