

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: _____

If you are completing this form electronically, typing your signature will constitute a valid signature.

Signature: _____

Routing: Original – Case Record; Copy – Client

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Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotape, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, Program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#) , found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:**

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2. **email:**

FNCSIVILRIGHTSCOMPLAINTS@usda.gov

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