



**Brian P. Kemp**  
Governor

**Chris Wells**  
Executive Director

Georgia Vocational Rehabilitation Agency

**O.C.G.A. § 50-36-1(e) (2) Affidavit**

By executing this affidavit under oath, as an applicant for either Adult Education, Cash Allowance, Health Benefits and/ or Business Loans, Certificate, License or Registration (BEP Vendors only) as referenced in O.C.G.A. § 50-36-1, from Georgia Vocational Rehabilitation Agency Vocational Rehabilitation Division, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1)  I am a United States Citizen
- 2)  I am a legal permanent resident of the United States
- 3)  I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

\_\_\_\_\_

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_(city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_