

SAVE Affidavit

Affidavit Verifying Status for City Public Benefit Applicants Pursuant to O.C.G.A. Section 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate**, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Section 1:

Applicants must select 1 of these 3 options.

- 1) I am a United States Citizen
(Must provide a copy of either current State Driver's License, Passport, Military ID or other approved document. *)
- 2) I am a legal permanent resident of the United States. **
(Must provide a copy of your Permanent Resident Card or another approved document. *)
- 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. ** (Must provide a copy of your Employment Authorization Card or another approved document. *)

Applicants who select 2 or 3 above must complete the 'alien number' question.

*See link for acceptable forms of identification: law.ga.gov/immigration-reports

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

_____.

Section 2:

All applicants must describe the secure and verifiable document in this field and provide a front and back copy of that document with this affidavit.

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. Section 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. Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

Section 3:

Wait to complete this section when you are in front of a Notary Public. Please be sure to complete all fields in this section at that time.

Executed in _____, _____ State.
City State

Signature of Applicant Date Printed Name of Applicant

Name of Business Title of Applicant

Section 4:

The Notary Public must witness your signature and complete this section.

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20 _____

Signature of Notary Public: _____ (SEAL)

My Commission Expires: _____