

**AFFIDAVIT VERIFYING STATUS FOR CITY
PUBLIC BENEFIT APPLICATION**

MUST BE NOTARIZED

By Executing This Affidavit Under Oath, As An Applicant For A City Of Eton, Georgia Occupation Tax Certificate, Alcohol License, Or Other Public Benefit As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application:

***NAME of Person Applying on Behalf of Individual,
Business, Corporation, Partnership, or Other Private Entity***

(1) _____ I Am A United States Citizen

OR

(2) _____ I Am A Legal Permanent Resident 18 Years of Age Or I Am An Otherwise Qualified Alien or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.*

(2a) DATE OF BIRTH: _____

***Non Citizens Only**

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 Code Section 16-10-20 of the O.C.G.A. List the document type here:

*****Please submit a copy of a secure and verifiable document along with the Application. E.g., Driver's License. List document above.***

Signature of Applicant

Printed Name

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

Notary Public

My Commission Expires: _____

**PRIVATE EMPLOYER AFFIDAVIT
PURSUANT TO O.C.G.A. § 36-60-6(d)**

MUST BE NOTARIZED

CHECK ONLY ONE AND COMPLETE THAT SECTION:

(1) _____ By executing this Affidavit, the undersigned private employer verifies its compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm, or corporation has **registered** with **and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

(2) _____ By executing this Affidavit, the undersigned private employer verifies that it is **EXEMPT** from compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm, or corporation employees **ten (10) or fewer employees** and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-6—6.

Signature of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, 20_____
In _____(city), _____(state).

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

Notary Public

My Commission Expires: _____