

This form must be completed entirely and notarized. Any applicable attachments must be included as indicated below.

CITIZENSHIP AFFIDAVIT

Affidavit of: _____
(Applicant Name- First, Middle, Last)

STATE OF: _____

COUNTY OF: _____

_____, of lawful age, being duly sworn, upon oath, states,
under penalty of perjury, as follows: *(PLEASE SELECT ONE OF THE FOLLOWING)*

_____ **I am a United States Citizen**

_____ **I am a qualified alien under Federal Immigration and Naturalization Act, and I am lawfully present in the United States. (SEE BELOW)**

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____.

By: _____
(Applicant Name)

Notary Signature: _____ (NOTARY SEAL)

My Commission Expires: _____

IF QUALIFIED ALIEN STATUS INDICATED, PLEASE COMPLETE THE FOLLOWING:

ALIEN REGISTRATION NUMBER: _____

COUNTRY OF ORIGIN: _____

DATE OF BIRTH: _____

U.S. SOCIAL SECURITY NUMBER: _____

***APPLICATION MUST BE ACCOMPANIED BY A COPY OF FRONT AND BACK OF THE FEDERAL DOCUMENT THAT AUTHORIZES APPLICANT TO WORK IN THE UNITED STATES. STUDENTS NOT GAINFULLY EMPLOYED MUST ATTACH A COPY OF I-94 OR I-20, WHICHEVER IS APPLICABLE. ALL COPIES MUST BE LEGIBLE.**