

**AFFIDAVIT FOR VERIFICATION OF ELIGIBILITY FOR STATE AND  
LOCAL BENEFITS**

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the State of Colorado that (check one):

\_\_\_\_\_ I am a United States citizen;

\_\_\_\_\_ I am a Permanent Resident of the United States, or

\_\_\_\_\_ I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**