



City of Newnan
25 LaGrange Street
Newnan, Georgia 30263
Phone: 770-254-2351
Fax: 770-254-2353
www.ci.newnan.ga.us

***AFFIDAVIT VERIFYING STATUS
FOR CITY OF NEWNAN PUBLIC BENEFIT***

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

- ☐ I am a United States citizen.
- ☐ I am a legal permanent resident of the United States.
- ☐ 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 registration number issued by the Department of Homeland Security or other federal immigration agency is:

(Must attach a copy for verification)

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:

- ☐ Driver's License ☐ Social Security Card ☐ Green Card
- ☐ Passport/Visa (US only) ☐ Perm Resident Card ☐ Other _____

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

Executed in _____, _____
City State

Printed Name of Applicant

Signature of Applicant

Date

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

Notary Public: _____ (Affix Seal)

My Commission Expires: _____.