

GEORGIA HOUSING VOUCHER PROGRAM (GHVP)
GHVP-14: Declaration of Citizenship Status



DBHDD

NOTICE TO APPLICANTS AND TENANTS: The Georgia Security and Immigration Compliance Act (GSICA) requires that “every agency or political subdivision shall verify the lawful presence in the United States of any applicant for public benefits.” GSICA mandates that it “shall be unlawful for any agency or political subdivision to provide or administer any public benefit in violation of section 50-36-1 of the act.

By executing this affidavit under oath, as referenced in O.C.G.A. § 50-36-1, as an applicant for rental assistance from the Georgia Department of Behavioral Health and Developmental Disabilities, the undersigned applicant verifies one of the following with respect to the application for a public benefit:

- 1) _____ I am a United States citizen.

- 2) _____ I am a legal permanent resident of the United States.

- 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.

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

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:

_____.

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

Executed in _____ (city), _____ (state).

Signature of Applicant

Date

Printed Name of Applicant