

VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFIT REQUIRED BY
INDIANA CODE 12-32-1

I, _____ (printed name), am a United States citizen or qualified alien (as defined under 8 U.S.C. 1641).

OR

_____ (printed name), is a United States citizen or qualified alien (as defined under 8 U.S.C. 1641).

I hereby verify under the penalty of perjury that the foregoing statement is true.

Dated this _____ day of _____, 20_____.

(signature of employee)

(printed name of employee)