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)

______________________________
(printed name)