

**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)