**VERIFICATION OF ELIGIBILTY FOR STATE OR LOCAL PUBLIC**

**BENEFIT REQUIRED BY INDIANA CODE 12-32-1**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME), AM 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.**

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**Signature**

**DATE OF SIGNATURE FOR RELEASE OF THIS DOCUMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_**