



**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)