Contractor’s S.A.V.E. Affidavit
Under the Systematic Alien Verification for Entitlements Program
Pursuant to O.C.G.A § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a City of East Point Georgia contract award or other Public Benefit as provided by O.C.G.A. § 50-36-1, and determined by the Attorney General of Georgia in accordance therewith, I am hereby stating the following with respect to my application for a City of East Point contract award / public benefit:

__________________________________________________________
Name of natural person applying on behalf of individual, business, corporation, partnership, joint venture or other private entity

1) _________________ I am a United States citizen;

OR

2) _________________ I am a legal permanent resident eighteen (18) years of age or older;

OR

3) _________________ I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, who is eighteen (18) years of age or older, and lawfully present in the United States of America. All non-citizens MUST provide their Alien Registration Number below.

__________________________________________________________

The undersigned applicant also hereby verifies that he or she has provided at least one (1) secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit is:

__________________________________________________________

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

__________________________________________________________
Signature of Applicant

__________________________________________________________
Printed Name of Applicant

Subscribed and Sworn before me on this the
_________________ day of ________________, 201__

__________________________________________________________
Notary Public

My Commission Expires On: __________________________