

SAN ■ JUAN ■ BASIN  
**HEALTH**  
DEPARTMENT

Verification of Lawful Presence  
AFFIDAVIT

I, \_\_\_\_\_, swear or affirm  
under penalty of perjury under the laws of the State of Colorado that (check one):

- \_\_\_\_ I am a United States citizen, or  
\_\_\_\_ I am a Permanent Resident of the United States, or  
\_\_\_\_ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date