



### FSSP CITIZENSHIP IDENTIFICATION

Colorado state law requires verification of United States Citizenship or Legal Permanent Residency of all individuals, age 18 years or older, who apply for certain public benefits.

I, \_\_\_\_\_, currently lawfully possess, and am providing a copy of, the following **VALID, UNEXPIRED** identification document as evidence of my US citizenship or legal US permanent residency (**CHECK ONE OPTION AND PROVIDE A CLEAR COPY**):

<input type="checkbox"/> Valid Driver’s License or ID card from any state <ul style="list-style-type: none"> <li>• <b>EXCEPT</b> the following which do not verify lawful presence: Hawaii, Illinois, Maryland, Nebraska, New Mexico, Utah, Washington</li> <li>• May not indicate: <b>Not Valid For Federal Identification, Voting or Public Benefit Purposes</b></li> </ul>	
<input type="checkbox"/> US Passport	<input type="checkbox"/> Report Of Birth Abroad of a US Citizen
<input type="checkbox"/> US Birth Certificate	<input type="checkbox"/> Certificate Of Citizenship
<input type="checkbox"/> US Military Identification Card	<input type="checkbox"/> H1-B Work Visa
<input type="checkbox"/> US Military Dependent’s Military ID Card	<input type="checkbox"/> H4 Visa
<input type="checkbox"/> US Coast Guard Merchant Mariner Card	<input type="checkbox"/> I-551 Permanent Resident Card
<input type="checkbox"/> US Adoption Order With Birth Information	<input type="checkbox"/> I-765 Employment Authorization Card
<input type="checkbox"/> Native American Tribal Identification Document	

### CITIZENSHIP 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

*Please see next page to complete for the other Parent/Guardian*



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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send this completed form and a clear copy of the ID you selected to Imagine!**

Mail  
Imagine!  
1400 Dixon Ave  
Lafayette, CO 80026  
Attn: FSSP

Email fssp@imaginecolorado.org  
FAX: 303-665-2648 Attn: FSSP