

**AFFIDAVIT ATTESTING CITIZENSHIP FOR
 CASH ASSISTANCE AND NUTRITION ASSISTANCE**

Case Name: _____ Case Number: _____

Citizen's Name: _____ Citizen's Date of Birth: _____

This form can be used only when other documents that verify the person's citizenship cannot be obtained.

This form must be completed by a person meeting **ALL** of the following:

- Must be a United States citizen.
- Cannot be applying or receiving Nutrition Assistance and/or Cash Assistance benefits with the citizen.
- Must have personal knowledge of the person's claim of U. S. citizenship.

By swearing and signing below, I attest that I am a U. S. citizen and can provide documentation to establish that I am a U. S. citizen, if asked. I also attest that I am verifying the citizenship of _____

My relationship is that of a _____

I further attest, based on personal knowledge, that this person is a citizen of the United States based on:

Birth was on: _____ At: _____

Naturalization was on: _____ At: _____

Other (*Explain*): _____

By signing below, I swear and declare under penalty of perjury that the statements I have given on this form are true and correct to the best of my knowledge. I also understand that if I withhold information or provide or assist another in providing false, fraudulent, or misleading information, I may be subject to civil and/or criminal prosecution resulting in fines, imprisonment and/or repayment for costs of all benefits improperly received.

Name (*Last, First, M.I.*): _____ Phone No. (*Include area code*): _____

Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Signature: _____

Routing: Original – Case Record; Copy – Client

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.