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Social Security Validation

L-4 Complete only one section below. This is for ONLY ONE PERSON.

Adult Signing for Him/Herself: _____ (print name)

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

_____ I am a United States citizen

_____ I am a legal permanent resident of the United States

_____ I am otherwise lawfully present in the United States pursuant to federal law

_____ None of the above

DOB: ____/____/____ REQUIRED SSN: _____

City & State of Birth: _____

Adult Signing for a Child:

I swear or affirm under penalty of perjury under the laws of the State of Colorado that my child,

name: _____, (Check one):

Is a United States citizen _____

Is a legal, permanent reside of the United States _____

Child's DOB: _____ REQUIRED CHILDS SSN: _____

Child's City/State of Birth: _____

To be completed by person signing:

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