Colorado Department of Labor and Employment
Workforce Development Programs

AFFIDAVIT OF IMMIGRATION STATUS

Social Security Number:

Print Your Name:

Are you a United States (U.S.) citizen? ☐ Yes ☐ No **If No**, verify or provide your alien permit number.	Alien Permit Number

If you are not a U.S. citizen, are you in satisfactory immigration status? ☐ Yes ☐ No

In accordance with the Colorado Revised Statutes 24-76.5, you must possess **one** of the following forms of identification (ID). Check the appropriate box and provide the ID number. If you do not possess one of the forms of ID listed and do not provide the requested information, your benefits may be denied. .

☐ Colorado Driver's License ID Number _____	☐ Colorado Identification Card ID Number _____
☐ U.S. Military Card ID Number _____	☐ Military Dependent Identification Card ID Number _____
☐ U.S. Coast Guard Merchant Mariner Card ID Number _____	☐ Native American Tribal Document ID Number _____
☐ Other State Driver's License/State ID Card ID Number _____	Expiration Date _____

Affirmation

I affirm under penalty of perjury that the above information is true to the best of my knowledge. I understand that my lawful presence in the U.S. will be verified before workforce program services can be provided. I affirm that I am a U.S. citizen, legal permanent resident, or am otherwise lawfully present in the U.S. I understand that there are severe penalties for providing false statements and willfully misrepresenting information in order to obtain or increase workforce program services. I authorize the release of all information to determine my eligibility for workforce program services. I understand this may include release of information from former employers, verification with the U.S. Bureau of Citizenship and Immigration Services, and sharing of information with other public agencies in the performance of their public duties in accordance with the Colorado Employment Security Act 8-72-107.

Signature	**Date**