



Human Resources Department

16000 N. Civic Center Plaza
Surprise, AZ 85374
Ph 623-222-3500
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PUBLIC BENEFIT DEPENDENT AFFIDAVIT

Dependent Name: _____ **Dependent SSN (Required):** _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Arizona Revised Statutes §§ 1-501, 1-502 & 41-1080 prevent a state/city agency from issuing any government benefit, federal, state or locally funded or issuing a new or renewed license to an individual unless the individual has provided the agency with one of the forms of identification listed below.

To become or remain eligible for the benefit you are seeking, complete this form, staple a photocopy showing both sides of your dependents identification to the back and return to the City.

Failure to complete and submit this form **within 90 days of your dependent(s) benefit effective date** to the above cited address and/or the falsification of any information provided herein shall subject applicant to denial, cancellation, or revocation of the requested government benefit. Only provide **one** of the following forms of identification (mark an "X" next to the one you are submitting):

- 1. An Arizona driver's license issued after 1996 or an Arizona non-operating identification license.
- 2. A driver's license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, MD, NM, TX, UT, and WA are not acceptable).
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

Employee Name Employee Signature Date

[OFFICE USE ONLY] Ref. No.:

Promptly report all observed violations of federal immigration law to 1-866-347-2423.

Reported violation (check if applicable); Date/Time Reported:

Above document has been verified by Human Resources _____