E-VERIFY AFFIDAVIT

Please complete, sign and return the form below.

You must also enroll and participate in the E-Verify program through the web site, uscis.gov/everify.

The undersigned, being duly sw	orn, hereby affirms the following:	
1.) S/he is thename).	(job title) of	(organization
2.)applied for a grant from the City	(organization name), employer of y of Bloomington, Indiana, for more than	the undersigned individual, has \$1,000.
3.)through the web site, uscis.gov	(organization name), has enrolled in a /everify.	nd participates in the E-Verify program
4.) The undersigned is authoriz behalf.	ed by (organiza	tion name) to sign affidavits on its
	nt, to best of his or her knowledge and be (organization name) does not knowingly e la.	
Signature:	Printed name	•
STATE OF INDIANA		
COUNTY OF MONROE		
	nd for said County and State, personally a the foregoing thisday of	
Notary Public	Printed name	
Residing in County.	My commission expires:	