

**Form #11 – E-VERIFY AFFIDAVIT**

See instructions in Statement of Need, Section E.  
 Scan, save as a pdf and identify as “son#####\_EVerify”. Retain original.

Agency Name*:	SoN #:
Program Name:	Program ID#:

*\*Legal name of agency/organization/institution as it appears on Application Cover- Form #1*

**SECURITY AND IMMIGRATION COMPLIANCE AFFIDAVIT  
 Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the **Georgia Department of Human Services** has registered with, is authorized to use and uses the Federal Work Authorization Program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
 Federal Work Authorization User Identification Number  
*(This is a 4, 5, or 6 digit number, also known as eVerify Company ID. Not Tax ID or SS Number)*

\_\_\_\_\_  
 Date of Authorization  
*(This is the date the Company ID was issued by the Federal eVerify system.)*

\_\_\_\_\_  
 Name of Contractor

**Promoting Safe & Stable Families Program**  
*Name of Project*

**Georgia Department of Human Services**  
*Name of Public Employer*

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 2021 in \_\_\_\_\_, GA.  
*Date City*

\_\_\_\_\_  
*Signature of Authorized Officer*

\_\_\_\_\_  
*Printed Name of Authorized Officer*

\_\_\_\_\_  
*Printed Title of Authorized Officer*

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2021.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Date Commission Expires*