

## **U.S. CITIZENSHIP ATTESTATION POWER OF ATTORNEY**

Per Nebraska Revised Statutes 4-108 through 4-114, no state agency or political subdivision of the State of Nebraska shall provide public benefits to a person not lawfully present in the United States and every state agency or political subdivision shall verify the lawful presence in the U.S. of any person who as applied for public benefits administered by an agency or political subdivision. *This form is required to be completed by landowner's authorized power of attorney to be submitted with the NSWCP contract, form NSWCP-3.*

For the purpose of complying with [Neb. Rev. Stat. §§ 4-108 through 4-114](#), check one of the following and attest your response by providing your name, and signing and dating this form.

**PROPER DOCUMENTATION MUST BE SUBMITTED VERIFYING THAT THE UNDERSIGNED IS THE ACTUAL AND AUTHORIZED POWER OF ATTORNEY FOR THE BENEFIT APPLICANT.**

BENEFIT APPLICANT NAME \_\_\_\_\_  
(First, Middle, Last)

I am the authorized power of attorney for the benefit applicant who lacks the capacity to attest his or her own lawful presence in the United States and I have verified that:

- ☐ The benefit applicant is a citizen of the United States, **OR**
- ☐ The benefit applicant is a qualified alien under the federal Immigration and Nationality Act, 8. U.S.C. 1101 et seq., as such act existed on January 1, 2009, is lawfully present in the United States, and the immigration status and alien number of such applicant is as follows: \_\_\_\_\_. I agree to provide a copy of such applicant's USCIS documentation upon request.

Under penalty of perjury, I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify the lawful presence of the benefit applicant in the United States.

PRINT NAME \_\_\_\_\_  
(First, Middle, Last)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_