

# MARIJUANA AFFIDAVIT

**(Must be completed by all adults 18 and older, make copies as necessary)**

The program to which you are applying is either wholly or in part funded by federal grant and/or loan funds. Under the federal Controlled Substances Act of 1970, as amended, 21 U.S.C. § 801 *et. seq.*, it is illegal to possess, use, buy, sell or cultivate marijuana. As such, each of these actions is specifically prohibited from occurring on a property that receives federal assistance.

*Do you or does any proposed resident of the property possess a State of Colorado Medical Marijuana Registry Identification Card?   \_\_\_YES   \_\_\_NO*

*Have you or has any proposed resident of the property been designated by one or more persons as a “primary caregiver” for the purposes of administering medical marijuana?   \_\_\_YES   \_\_\_NO*

*Does anyone in the household periodically/continuously use or possess recreational marijuana as allowed under Colorado State Law?   \_\_\_YES   \_\_\_NO*

**While several states in the U.S. have approved the use of marijuana (cannabis) for medical and/or recreational use, federal law classifies marijuana as a Schedule 1 controlled substance making it illegal in the eyes of the federal government. Until or unless the law is changed by the U.S. Congress, federally funded programs offered by the City of Aurora are obligated to follow all existing federal laws.**

**I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the United States of America that the above statements are true and accurate. I further acknowledge that making a false, fictitious, or fraudulent statements or representation in this sworn affidavit is punishable under the criminal law laid out in 18U.S.C. § 1621 and C.R.S. § 18-8-503.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE