



*For DV survivor
without C/O address*

To IDNYC Program,

I write on behalf of _____ (Applicant) and his/her application for an IDNYC card. I confirm that I am an executive-level official (or designee thereof) at the organization named below, which is located within New York City and provides services to survivors of domestic violence.

<p>Service Provider's Name [Please fill in below]:</p> <p>_____</p> <p>Address: _____ City: _____</p> <p>Zip Code: _____ CARES I.D. # (if exists): _____</p> <p>This is a: <input type="checkbox"/> New York City Agency <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Religious Institution</p>

I further confirm that the applicant is a survivor of domestic violence; has lived in New York City for at least 15 days; and has security concerns about an address appearing on the IDNYC card.

Thank you,

_____	_____	_____
Signature	Print Name	Title
__/__/____	____-____-____	_____
(mm/dd/yyyy)	Telephone	Email Address

* This letter must be submitted at an IDNYC Enrollment Center no more than 30 days after the date signed.

** A card lacking a street address may not be accepted as valid ID by the New York City Police Department or financial institutions.