



IDNYC Application



APPLICATION TYPE - SELECT ONE

<input type="checkbox"/> First Application (free)	<input type="checkbox"/> Reapplying (applied but never received the card; free)
<input type="checkbox"/> Card Information Change	<i>(Must bring outdated IDNYC card to Enrollment Center for name or address change.)</i>
<input type="checkbox"/> Card Lost / Stolen / Damaged	<i>(Replacements for lost, stolen or damaged cards are only available at IDNYC Department of Finance Enrollment Centers. There is a \$10 fee unless the applicant signs a hardship fee waiver.)</i>

APPLICANT INFORMATION

1. First/Given Name(s):

2. Last Names(s):

3. All other name(s) used:

4. Address: Apt. # / Fl. / Ste. / Unit / Rm.

City: State: NY Zip Code:

Borough (✓ check one): BRONX BROOKLYN MANHATTAN QUEENS STATEN ISLAND

5. Gender: FEMALE MALE NOT DESIGNATED 6. Date of Birth: / /

7. Eye Color: BROWN HAZEL BLACK BLUE GREEN GRAY MULTI-COLOR 8. Height: FEET INCHES

9. Phone: - - 10. Email:

VETERANS

Check here if you are a veteran who served in the U.S. Armed Forces, National Guard, or Reserves and would like to have "Veteran" printed on the front of the card.

_____ (initials) I further authorize IDNYC to share my name, IDNYC number, and email address with entities including private companies, to help me qualify for various perks, including but not limited to discounts at Veterans Advantage to which I may be entitled as an IDNYC cardholder with Veteran Designation (optional).

CERTIFICATION

11. **CERTIFICATION:** I affirm that I live in the City of New York; I am at least 14 years of age; and all documents submitted and statements made on this application are true to the best of my knowledge. I certify that by signing this application I agree to an investigation conducted by the City of New York to verify or confirm the information I have submitted. If I applied for and received an IDNYC card before, I certify that the original card was expired, lost, stolen, or damaged.

_____ SIGNATURE OF APPLICANT / /

LANGUAGE

OPTIONAL (complete only the information below that you want to appear on the card)

12. Language Preference (Including ASL):

ORGAN AND TISSUE DONATION

13. **Donate Life Registry:** To enroll in the New York State Department of Health (NYS DOH) Donate Life Registry, check the "yes" box and sign your name. You are certifying that you are 18 years or older; consenting to donate all of your organs and tissues for transplantation, research, or both; authorizing the City of New York to transfer your name and identifying information for enrollment to NYS DOH; and authorizing NYS DOH to allow access to this information to federally regulated organ donor organizations and NYS-licensed tissue and eye banks and hospitals, upon your death. "Organ Donor" will be printed on the front of your IDNYC. To be eligible, your IDNYC must include an address. You will receive additional confirmation from NYS DOH, which will provide an opportunity to limit your donation.

Are you 18 years of age or older and would like to be added to the Donate Life Registry? Yes: / /

DONOR CONSENT SIGNATURE: _____

EMERGENCY CONTACT

14. Designate an Emergency Contact on the Card:

_____ FIRST NAME _____ LAST NAME Phone: - -

Approval of IDNYC application is conditional on approval of sufficiency and legitimacy of documents submitted.

OFFICIAL USE ONLY	Date:	<input type="checkbox"/> C/O:	NAME OF CARE-OF ORGANIZATION	LL Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
	Print Initials:	<input type="checkbox"/> Omit Address			

IDNYC Application Instructions

YOU MUST MEET THE FOLLOWING CRITERIA TO APPLY FOR AN IDNYC CARD:

1. At least 4 points of documents, including at least 3 points proving identity and at least 1 point proving residency.
2. At least 1 of the documents submitted must have a photo, unless applicant is accompanied by a caretaker.
3. At least 1 of the documents submitted must include date of birth.

No expired documents will be accepted unless specifically mentioned in the IDNYC Document Guide.

Only original documents and copies certified by the issuing agency will be accepted; laminated documents will be accepted only if they were originally issued in a laminated state.

CONSISTENCY OF NAMES

IDNYC will accept documents bearing names that are consistent with each other. The IDNYC card will have the name as listed on your highest value proof of identity document (such as your passport, driver license, birth certificate, consular ID, etc.) unless you also present a name change court order, marriage certificate, or another government-issued document that establishes a lawful name-change. In the event that an applicant presents two identity documents that are worth an equal number of points, the IDNYC application must display the name on the document that includes a photo.

AGE REQUIREMENT

The minimum age to apply for an IDNYC card is 14. Applicants ages 14 and older may apply without a legal guardian or caretaker.

APPLICANTS AGE 14-21 WITHOUT PHOTO IDENTIFICATION OR PROOF OF RESIDENCY

An applicant ages 14-21 without photo identification or proof of residency may apply if accompanied by a caretaker who can demonstrate proof of a relationship to the applicant. An eligible caretaker is a birth parent, adoptive parent, stepparent, legal guardian, legal custodian, foster care parent, an authorized employee of the NYC Administration for Children Services (ACS) or an ACS foster care agency, or an adult sponsor of a minor, appointed by U.S. Department of Health and Human Services, Office of Refugee Resettlement.

APPLICANTS WITH DISABILITIES WITHOUT PHOTO IDENTIFICATION OR PROOF OF RESIDENCY

Regardless of age, an applicant with disabilities who lacks photo identification or proof of address may apply if accompanied by a caretaker who can demonstrate proof of a relationship to the applicant. Eligible caretakers for applicants of any age include: **authorized employees** from the NY State Office for People with Developmental Disabilities (OPWDD), the NYS Department of Health (NYS DOH), the New York State Office of Mental Health (NYS OMH), the NYC Department of Health and Mental Hygiene (NYC DOHMH), ACS, a designated ACS foster care agency, or an OPWDD, NYS DOH or NYC DOHMH provider, including **employees of residential care facilities** operated, certified or funded by OPWDD, NYS OMH, NYS DOH or NYC DOHMH; **cohabitants of the applicant** who has been determined by OPWDD to be a person with a developmental disability; or an **applicant's Social Security Representative Payee**.

ALL APPLICANTS APPLYING WITH A CARETAKER

An applicant applying with a caretaker must provide at least 2 points of documents proving identity, including date of birth. The applicant and caretaker must also provide proof of the Caretaker Relationship as listed in the caretaker section of the IDNYC Document Guide. The caretaker must provide at least 3 points of documents proving his or her own identity, including photo identification. If the applicant is unable to provide a proof of residency document, the caretaker may establish their own proof of residency using one of the proof of residency documents listed in the IDNYC Document Guide and provide an attestation that the applicant resides with the caretaker.

RESIDENCY FOR APPLICANTS WHO ARE HOMELESS OR SURVIVORS OF DOMESTIC VIOLENCE

All IDNYC applicants, except individuals without a home address and survivors of domestic violence, are required to provide their home address. An applicant who lives in a homeless shelter can provide a letter with the shelter's address, stating that they have resided there for at least 15 days and that the shelter allows residents to remain at the residence for at least 30 days. An applicant who lacks a home address or is a survivor of domestic violence is required to prove residency within New York City, but may designate a non-profit organization or religious institution whose address will appear on the card as the applicant's care-of address. IDNYC cards that do not display an address, or which display a care-of address, may not be accepted in certain circumstances.

P.O. boxes are not permitted unless the applicant provides proof that he or she is part of the NYS Address Confidentiality Program or resides in an NYC shelter for survivors of domestic violence.

VETERAN DESIGNATION

If you are a U.S. Veteran you can have "Veteran" printed on the front of your IDNYC card. To apply, you need an original or certified copy of one of the documents listed in the Proof of Veteran Status section in the IDNYC Document Guide. If you need assistance obtaining proof of your military service, the NYC Department of Veterans' Services can help. You can reach them online at www.nyc.gov/veterans, or by calling (212) 416-5250.

REPLACEMENT CARDS

An application for a replacement of a lost, stolen, or damaged card has a fee of \$10, unless the applicant signs a hardship waiver. Replacement cards are only available at IDNYC Department of Finance Enrollment Centers.