



RESIDENCY ATTESTATION for Applicant Age 14 – 21

To be used when the **caretaker and applicant live together**, and applicant cannot establish residency through other IDNYC-approved documents. This attestation must be submitted with **proof of the Caretaker's residency**.

Applicant's Name _____
First Middle Last

Applicant's Date of Birth (mm/dd/yyyy) ___/___/____

Caretaker's Name _____
First Middle Last

Caretaker's Date of Birth (mm/dd/yyyy) ___/___/____

Caretaker Relationship (choose one):

- Parent (by birth or adoption) Stepparent Foster care Parent
 Legal Guardian, Custodian, or Conservator Adult Sponsor appointed by HHS, ORR

I affirm that I am the applicant's caretaker, and that the applicant lives with me at the following address:

Number and Street Apartment, Floor or Suite

City Borough Zip Code

Signature of Caretaker

____/____/_____
Date signed (MM/DD/YYYY)