RESIDENCY ATTESTATION for Applicant Age 10 – 21

To be used when the **Caretaker and applicant live together**, and applicant cannot establish residency through other IDNYC-accepted 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 Parent  
- □ Legal Guardian, Custodian, or Conservator  
- □ Adult Sponsor appointed by HHS ORR  
- □ Social Security Representative Payee

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)

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