



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)