



RESIDENCY ATTESTATION for Applicants of Any Age

*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):

- Court-appointed Guardian, Custodian, or Conservator
- 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 (MM/DD/YYYY)