



*Letter from Domestic Violence Services Provider
granting permission to use C/O address*

To IDNYC Program,

I write on behalf of _____ (Applicant) and her/his application for an IDNYC card. I confirm that I am an executive-level official (or designee thereof) at the organization named below, which is located within New York City; provides services to survivors of domestic violence; and currently receives funding from the City of New York.

Service Provider's Name [Please fill in below]:

Address: _____ City: _____

Zip Code: _____

This is a: **New York City Agency** **Nonprofit Organization** **Religious Institution**

I further confirm that the applicant is a survivor of domestic violence who has received services from this organization for the past 60 days; has security concerns about an address appearing on the card; and **is permitted to receive mail In Care Of the organization [choose one]**:

at the address above, or at the address below:

Street: _____ City _____

Zip _____

Thank you,

Signature of Executive-level official or designee

Print Name and Title

Name, Telephone and Email of employee who can confirm the information in this letter

__ / __ / ____

Date signed (mm/dd/yyyy)

* This letter must be submitted at an IDNYC Enrollment Center **no more than 14 days** after the date signed. ** A card lacking a street address, or bearing a Care Of address, may not be accepted as valid ID by the New York City Police Department or financial institutions.