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

□ 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)