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)