



OFFICIAL USE ONLY
Application Date:
Initials:

APPLICATION TYPE - SELECT ONE		
New Application (free)		
Card Information Change (free) (Must bring outdated IDNYC card to Enrollment Center for name or address change.)		
	en or damaged cards are only available at IDNYC Department of There is a \$10 fee unless the applicant signs a hardship fee waiver.)	
APPLICANT INFORMATION		
1. First Name:		
2. Middle Initial: 3. Last Name:		
4. All other name(s) used:		
5a. Address: NUMBER, STREET	APT.#	
City:	State: N Y Zip Code:	
Borough (√check one): BRONX BROOKLYN M	ANHATTAN QUEENS STATEN ISLAND	
5b. Is the above address a Care-of Address? Yes: Name of Care-of Organization:* *Only an option for applicants who do not have a home address or are survivors of domestic violence.	5c. Check this box only if you do not have a home address or are a survivor of domestic violence, AND you do not have a Care-of Address. You will pick up your card at the center where you applied:	
6. Phone:	7. Email:	
8. Gender: Female: Male: Not Designated:	9. Date of Birth (mm/dd/yyyy):	
10. Eye Color:	11. Height: feet inches	
CERTIFICATION		
12. CERTIFICATION: I affirm that I live in the City of New York; I am at least 14 years of age; and all documents submitted and statements made on this application are true to the best of my knowledge. I certify that by signing this application I agree to an investigation conducted by the City of New York to verify or confirm the information I have submitted. If I applied for and received an IDNYC card before, I certify that the original card was expired, lost, stolen, or damaged.		
SIGNATURE OF APPLICANT DATE (mm/dd/yyyy) SIGNATURE OF CARETAKER (if applicable)	
LANGUAGE OPTIONAL (complete only the information below that you want to appear on the card)		
13. Language Preference (if not English):		
ORGAN AND TISSUE DONATION		
14. Donate Life Registry: To enroll in the New York State Department of Health (NYS DOH) Donate Life Registry, check the "yes" box and sign your name. You are certifying that you are 18 years or older; consenting to donate all of your organs and tissues for transplantation, research, or both; authorizing the City of New York to transfer your name and identifying information for enrollment to NYS DOH; and authorizing NYS DOH to allow access to this information to federally regulated organ donor organizations and NYS-licensed tissue and eye banks and hospitals, upon your death. "Organ Donor" will be printed on the front of your IDNYC. To be eligible your IDNYC must include an address. You will receive additional confirmation from NYS DOH, which will provide an opportunity to limit your donation. Are you 18 years of age or older and would like to be added to the Donate Life Registry? Yes: DONOR CONSENT SIGNATURE: DATE (mm/dd/yyyy)		
EMERGENCY CONTACT		
15. Designate an Emergency Contact on the Card:	Phone:	
	FIIO116. - -	

LAST NAME

FIRST NAME

IDNYC APPLICATION INSTRUCTIONS

You must meet the following criteria to apply for an IDNYC Card:

- 1) At least 4 points of documents with at least 3 points proving identity and at least 1 point proving residency.
- 2) At least 1 of the documents submitted must have a photo, unless applicant is age 14-21 and accompanied by a caretaker.
- 3) At least 1 of the documents submitted must include date of birth.

No expired documents will be accepted except machine readable passports that expired within the last three years. Only original documents and copies certified by the issuing agency will be accepted.

Age Requirement: The minimum age to apply for an IDNYC card is 14. Applicants age 14 and older may apply without a legal guardian or caretaker.

Applicants age 14-21 without photo identification: Applicants age 14 to 21 may apply without photo identification if accompanied by a caretaker who can demonstrate proof of a relationship to the applicant. An eligible caretaker is a birth parent, adoptive parent, legal guardian, legal custodian, foster care parent, Administration for Children Services official, or caseworker from ACS foster care agency. The applicant must provide at least 2 points of documents proving identity. The caretaker must provide at least 3 points of documents proving his or her own identity, including photo identification. The applicant and caretaker must also provide one document from the Caretaker Relationship section below.

Residency: All IDNYC applicants, except individuals without a home address and survivors of domestic violence, are required to provide their home address. If the applicant lacks a home address or is a survivor of domestic violence, the applicant is required to prove residency within New York City, but is permitted to designate a non-profit organization or religious institution where mail will be received as a Care-of Address. IDNYC cards that do not have an address listed or that have a Care-of Address listed may not be accepted in all circumstances.

Replacement Cards: An application for a replacement for a lost, stolen, or damaged card has a fee of \$10, unless the applicant signs a hardship waiver. Replacements of lost, stolen or damaged cards are only available at IDNYC Department of Finance Enrollment Centers.

THE PROOF OF IDENTITY AND RESIDENCY LIST IS AN ABRIDGED SUMMARY. FOR FULL LIST: www.nyc.gov/idnyc/documents

Four (4) Point Documents - Proof of Identity & Residency

- New York State (NYS) Department of Motor Vehicles (DMV) Driver's License or Learner's Permit with current NYC address
- NYS DMV Identification Card with current NYC address
- NYC Handgun License (dated within 1 year)

Three (3) Point Documents - Proof of Identity

- U.S. Passport or U.S. Passport Card
- Foreign Passport (machine readable)
- U.S. State Driver's License or Learner's Permit Photo ID
- U.S. State Identification Card
- U.S. Permanent Resident Card (Green Card)
- Certificate of U.S. Citizenship/Naturalization
- Common Access Card (for active duty, retiree, or reservist military personnel)
- Current U.S. Work Permit
- U.S. Tribal ID
- U.S. Federal Government issued photo ID
- NYS Electronic Benefit Transfer (EBT) Card with photo
- IDNYC Card (for change of information or renewal)

Two (2) Point Documents - Proof of Identity

- Foreign Passport (not machine readable)
- Expired U.S. or Foreign Passport (up to 3 years expired; machine readable)
- Consular Identification Card
- U.S. Federal, State, or Local Government Employee ID
- NYS Professional or Vocational ID Card
- U.S. Birth Certificate
- Visa Issued by U.S. State Department
- Foreign Driver's License (machine readable)
- Foreign National Identification Card (machine readable)
- Social Security Card
- U.S. Individual Taxpayer Identification Number Authorization Letter
- U.S. Uniformed Services ID
- NYC DOHMH Mobile Food Vendor License
- Approval Notice Issued by U.S. Citizenship and Immigration Services

One (1) Point Documents - Proof of Identity

- Foreign National Identification Card (not machine readable)
- Foreign Birth Certificate
- Foreign Military Photo Identification Card
- Foreign Driver's License (not machine readable)
- Educational Institution ID Card: middle school, high school, universities, colleges, and post-secondary schools
- U.S. High School or High School Equivalency Diploma, Post-Secondary, College or University Diploma
- U.S. School Transcript
- NYS EBT Card without photo
- NYC Summer Youth Employment Program Identification Card
- U.S. Union Photo ID
- Employee Identification Card from U.S., including clergy ID
- Marriage, civil union, domestic partnership or divorce certificate
- MTA MetroCard for Seniors and People with Disabilities
- MTA Access-A-Ride ID Card
- NYC Parks Recreation Center Membership Card
- U.S. Voter Registration Card
- U.S. Selective Service Registration Card
- Your child's U.S. Birth Certificate (must list applicant as birth parent)

One (1) Point Documents - Proof of Residency

- Cable, Phone, or Utility Bill (dated within 60 days)
- Current Residential Property Lease
- Local Property Tax Statement (dated within 1 year)
- Property Mortgage Payment Receipt (dated within 60 days)
- Bank Account Statement (dated within 60 days)
- Employment Pay Stub (dated within 60 days)
- Statement, bill, or record from HHC Options program or Federally Qualified Health Center
- Jury Summons or Court Order Issued by NYS or Federal Court (dated within 60 days)
- Federal, NYS, or NYC Income Tax Filing or Refund (dated within 1 year)
- Insurance bill (homeowner's, life, renter's, automobile, health insurance; dated within 60 days)
- Letter from New York City Housing Authority (NYCHA) (dated within 60 days)
- Letter from elementary, middle, high school or DOE District 79 School where applicant or child of applicant is enrolled (dated within 60 days)
- Letter from NYC Administration for Children Services or ACS Foster Care Agency (dated within 60 days)
- Letter from Homeless shelter in NYC (must state applicant has stayed at the shelter for 15 days and the shelter allows residents to remain for more than 30 days)

One (1) Point Documents - Proof of Residency for applicants without a home address or survivors of domestic violence

- "Care-of Letter" Issued by nonprofit organization or religious institution in NYC serving homeless individuals or survivors of domestic violence. Entity must currently receive City funding. Letter must indicate applicant has received services from the entity for past 60 days and may use entity's address for mailing purposes (dated within 14 days). Address on card will be "Care-of" the organization.
- Letter from City agency, nonprofit organization, or religious institution in NYC that provides services to individuals without a home address (dated within 30 days). No address will appear on the card.
- Letter from City agency, nonprofit organization, or religious institution in NYC that provides services to survivors of domestic violence (dated within 30 days). No address will appear on the card.
- Letter Issued by a Hospital or Health Clinic in NYC (dated within 30 days). No address will appear on the card.

Caretaker Relationship – Proof of relationship between caretaker and young adult applicant, age 14-21

- Minor Applicant's Birth Certificate
- Adoption Decree
- Court Decree
- Letter from NYC Administration for Children Services or ACS Foster Care Agency
- U.S. Tax Return

