

signed.

Department or financial institutions.

• Use to Omit Address from card •

To IDNYC Program:	
I write on behalf of (Applicant) and their 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 and provides services to individuals who lack a stable residence. I further confirm that applicant has lived in New York City for at least 15 days.	
The applicant's CARES ID# is	
Please fill in the following information about your organization:	
Name of organization:	
Address:	City:
Zip Code: CARES I.D. # (if ex	ists):
This is a : ☐ New York City Agency ☐ Nonprofit Organization ☐ Religious Institution	
By signing below I agree to an investigation condinformation I have submitted.	ducted by the City of New York to verify or confirm the
Thank you,	
Signature of Executive-level official or designee	Print Name and Title
Name, Telephone, and Email of employee who ca	an confirm the information in this letter
// Date signed (mm/dd/yyyy)	
* This letter must be submitted at an IDNYC Force	ollment Center no more than 30 days after the date

** An IDNYC card lacking a street address may not be accepted as valid ID by the New York City Police