

| TO THE STATE OF TH | My IDNYC Number is: | | | | | | | | | | | | | |
|--|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
| | Please print clearly | | | | | | | | | | | | | |

| APPLICATION TYPE - SELECT ONE | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-------------------------------|--|--|--|--|--|--|--|
| New Applicant: This is my first IDNYC Application. Reapplication: I never received a card and need to apply again. | | | | | | | | | | |
| Renewal | | | | | | | | | | |
| Update Card: I need to update information on my card. | Must bring outdated IDNYC c | card to Enrollment Center.) | | | | | | | | |
| Replace Card: My IDNYC Card is lost/stolen/damaged/c You must pay in person and submit this application at an IDNYC Enrollment C | | | - | | | | | | | |
| APPLICANT INFORMATION | | | | | | | | | | |
| 1. First/Given Name(s): | | | | | | | | | | |
| 2. Middle Name or Initial: | | | | | | | | | | |
| 3. Last Name(s): | | | | | | | | | | |
| 4. Date of Birth: MM/DD/YYYY 5. Eye Color: BROWN HAZEL BLACK BLUE GREEN GRAY COLOR | | | | | | | | | | |
| 6. Height: FEET INCHES 7. Gender: FEMALE MALE NOT DESIGNATED | | | | | | | | | | |
| 8. Email: | 9. Pho | one: - | - | | | | | | | |
| Your email/phone will be used for internal purposes only | | | | | | | | | | |
| 10. Language Preference (Including ASL): | | | | | | | | | | |
| ADDRESS | | | | | | | | | | |
| ☐ Check here ✓ if you DO NOT want address to appear on the card. | | | | | | | | | | |
| 11. Number and street: | | | | | | | | | | |
| City: | | | . # / Fl. / Ste. / Unit / Rm. | | | | | | | |
| | | State: N Y Zip Co | ode. | | | | | | | |
| Borough (✓ check one): BRONX BROOKLYN MANHATTAN QUEENS STATEN ISLAND | | | | | | | | | | |
| 12. Designate an Emergency Contact on the Card (Required): Phone: | | | | | | | | | | |
| FIRST NAME LAST NAME | | none. | | | | | | | | |
| CARETAKER | | | | | | | | | | |
| 13. First/Given Name(s): | | | | | | | | | | |
| 14. Middle Name or Initial: | | | | | | | | | | |
| 15. Last Name(s): | | | | | | | | | | |
| 16. Email: 17. Phone: | | | | | | | | | | |
| Your email/phone will be used for internal purposes only | | | | | | | | | | |

CERTIFICATION OF PARENT OR LEGAL GUARDIAN

18 a. I affirm that I am the applicant's parent or legal guardian; that the applicant lives in the City of New York; 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 any information submitted. I understand that this investigation may involve access by IDNYC to certain information about the applicant and/or myself from the NYC Department of Social Services or other City agencies, including but not limited to public assistance information.

SIGNATURE OF PARENT / LEGAL GUARDIAN

CERTIFICATION OF CARETAKER WHO IS NOT THE APPLICANT'S PARENT OR LEGAL GUARDIAN

18 b. I affirm that I am the applicant's caretaker; that the applicant lives in the City of New York; 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 submitted concerning my own identity and/or residency. I understand that this investigation may involve access by IDNYC to certain information about me from the NYC Department of Social Services or other City agencies, including but not limited to public assistance information.

SIGNATURE OF CARETAKER



Application approval depends on sufficiency and legitimacy of documents submitted.

Today's Date IDNYC-1a (E) Rev. 7/18

IDNYC Application Instructions

YOU MUST MEET THE FOLLOWING CRITERIA TO APPLY FOR AN IDNYC CARD:

- 1. At least 4 points of documents, including 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 accompanied by a caretaker.
- 3. At least 1 of the documents submitted must include date of birth.

No expired documents will be accepted unless specifically mentioned in the IDNYC Document Guide.

Only original documents and copies certified by the issuing agency will be accepted; laminated documents will be accepted only if they were originally issued in a laminated state.

CONSISTENCY OF NAMES

The names on all of your documents must be consistent with each other. The name on your IDNYC application must be the same as that on your highest value proof of identity document (such as your passport, driver license, birth certificate, consular ID, etc.) unless you also present a court order, marriage certificate, or another government issued document that establishes a lawful name change. In the event that an applicant presents two identity documents that are worth an equal number of points, the IDNYC application must display the name on the document that includes a photo.

APPLICANTS AGES 10-13

The minimum age to apply for an IDNYC card is 10. All applicants 10-13 must apply with a caretaker who signs the application. Must provide emergency contact and may omit address from card.

APPLICANTS AGES 14-21 WITHOUT PHOTO IDENTIFICATION OR PROOF OF RESIDENCY

An applicant age 14-21 without photo identification or proof of residency may apply if accompanied by a caretaker who can demonstrate proof of relationship to the applicant. An eligible caretaker is a birth parent, adoptive parent, stepparent, legal guardian, legal custodian, foster care parent, an authorized employee of the NYC Administration for Children's Services (ACS) or an ACS foster care agency, or an adult sponsor of a minor, appointed by the U.S. Department of Health and Human Services, Office of Refugee Resettlement.

APPLICANTS WITH DISABILITIES WITHOUT PHOTO IDENTIFICATION OR PROOF OF RESIDENCY

Regardless of age, an applicant with disabilities who lacks photo identification or proof of address may apply if accompanied by a caretaker who can demonstrate proof of a relationship to the applicant. Eligible caretakers for applicants of any age include: authorized employees from the NY State Office for People with Developmental Disabilities (OPWDD), the NYS Department of Health (NYS DOH), the New York State Office of Mental Health (NYS OMH), the NYC Department of Health and Mental Hygiene (NYC DOHMH), ACS, a designated ACS foster care agency, or an OPWDD, NYS DOH or NYC DOHMH provider, including employees of residential care facilities operated, certified, licensed or funded by OPWDD, NYS OMH, NYS DOH or NYC DOHMH; cohabitants of the applicant who has been determined by OPWDD to be a person with a developmental disability; or an applicant's Social Security Representative Payee.

ALL APPLICANTS APPLYING WITH A CARETAKER

An applicant applying with a caretaker must provide at least 2 points of documents proving identity, including date of birth. The applicant and caretaker must also provide proof of the Caretaker Relationship as listed in the caretaker section of the IDNYC Document Guide. The caretaker must provide at least 3 points of documents proving their own identity, including photo identification. If the applicant does not have a proof of residency document and lives with a caretaker, the caretaker may establish their own proof of residency using one of the residency documents listed in the IDNYC Document Guide and provide an attestation that the applicant resides with the caretaker. All caretakers must sign the IDNYC application. Employees acting as caretakers must present their employee IDs.

RESIDENCY FOR APPLICANTS WHO ARE HOMELESS OR SURVIVORS OF DOMESTIC VIOLENCE

An applicant who lives in a homeless shelter can provide a letter with the shelter's address, stating that they have resided there for at least 15 days and that the shelter allows residents to remain at the residence for at least 30 days. The shelter address will appear on the card. An applicant who lacks a home address or is a survivor of domestic violence is required to prove residency within New York City, but may designate a non-profit organization or religious institution whose address will appear on the card as the applicant's care-of address; or, omit address from card. IDNYC cards that do not display an address, or which display a care-of address, may not be accepted in certain circumstances.

An applicant who provides proof that they are part of the NYS Address Confidentiality Program or resides in an NYC shelter for survivors of domestic violence must also prove that they reside in New York City. Their IDNYC card may display a P.O. Box, or no address at all.

VETERAN DESIGNATION

If you need assistance obtaining proof of your military service, the NYC Department of Veterans' Services can help. You can reach them online at www.nyc.gov/veterans, or by calling 311.

REPLACEMENT CARDS

An application to replace a lost, stolen, or damaged card has a fee of \$10, unless a hardship waiver is signed. You must pay in person and submit your replacement application at an IDNYC Department of Finance Enrollment Center.

