



Letter from Homeless Services Provider
• Permission to use Care-Of Address •

To IDNYC Program:

I write on behalf of _____ (Applicant) and their application for an IDNYC card. I affirm that I am an executive-level official (or designee thereof) at the organization named below, which is located within New York City; provides services to homeless individuals; and receives funding from the City of New York.

The applicant's CARES ID# is _____

Please fill in the following information about your organization:

Name: _____

Address	City	Zip Code
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This is a [choose one]: New York City Agency Nonprofit Organization Religious Institution

I further affirm that the applicant has received services from this organization for the past 60 days; lacks a stable address; and may receive mail In Care Of the organization [**choose one**]:
 at the address above, or at the address below:

Street: _____ City _____ Zip _____

Thank you,

Signature of Executive-level official or designee

Print Name and Title

Name, Telephone and Email of employee who can confirm the information in this letter

__ / __ / ____
Date signed (mm/dd/yyyy)

* This letter must be submitted at an IDNYC Enrollment Center no more than 14 days after the date signed.
** A card lacking a street address, or bearing a Care Of address, may not be accepted as valid ID by the New York City Police Department or financial institutions.