



SOCIAL SERVICE PROOF OF RESIDENCY FORM

District residents who are homeless are eligible for a free Department of Motor Vehicles Non-Drivers Identification Card. This form may be used to obtain a No Fee Identification Card or a For Fee Driver's License when certified by an approved Department Human Services social service provider. All necessary documentation for proof of identity and proof of social security number is still required to receive an Identification Card or Driver's License.

APPLICANT INFORMATION

Last Name	First Name	Middle Name
Date of Birth		Social Security Number
Forms of Identification		
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Social Security Card <input type="checkbox"/> Other		
Reason for Request		
<input type="checkbox"/> Initial Request <input type="checkbox"/> Replacement <input type="checkbox"/> Name Change <input type="checkbox"/> Other		

CERTIFIER/SOCIAL SERVICE PROVIDER INFORMATION (MANDATORY)

Organization Name			
Address	Suite/Unit Number	City/State	Zip Code
		WASHINGTON, DC	
Contact Person Name and Title	Phone Number	Email Address	
Reason for Request		DC Tax ID/DC Tax Exempt ID Number	
<input type="checkbox"/> DC Tax ID <input type="checkbox"/> DC Tax Exempt ID			

CONTACT ADDRESS (OPTIONAL)

The contact address can be used in lieu of the social service provider address. This should be the address of a family member/friend who agrees to accept mail addressed to you but does not have the ability to allow you to reside with them. The family member/friend must provide a copy of their valid DC Driver's License or DC Identification Card reflecting their name and the address listed below AND two (2) proof of residency documents reflecting their name and DC address. The list of acceptable documents that prove DC residency is available at www.dmv.dc.gov.

Last Name	First Name	Middle Name
Address		City/State
		WASHINGTON, DC
Telephone Number with Area Code	Email Address	
DC Driver License or DC Identification Card Number	Expiration Date	

Any person using a fictitious name or address and knowingly make any false statement on this application is in violation of DC Law and is subject to a fine of not more than \$1000 or 180 days imprisonment or both. (D.C. Official Code § 22-2405)

I hereby certify that the applicant is a homeless resident of District of Columbia and the information contained on this application is true and correct.

Applicant Name: _____	Applicant Signature: _____	Date: _____
Certifiers Name: _____	Certifier's Signature: _____	Date: _____
Contact Address Name: _____	Contact Address Signature: _____	Date: _____