

Relief Agency or Shelter Certification

This certification is used to support a claim that you are an Idaho resident. You must be a resident of Idaho to be eligible for a driver's license or identification card (IC 49-306(3), 49-119(12), and 49-2444(1)). The definition of "resident" is found in IC 49-119(12).

This certification will be accepted as one form of evidence for your principal residence address.

Customer Information			
Name			
Residential Address	City	State ID	Zip
Mailing Address if different	City	State	Zip
DL/ID Number		Social Security Number	

Idaho Relief Agency or Shelter Information			
Organization Name			
Organization Address	City	State ID	Zip
Contact Person Name		Telephone Number	
Tax ID Number		Tax-ID Exempt <input type="checkbox"/>	

I certify that the above-named individual is a resident of Idaho receiving social services from the organization named on this certification. **If representative is not accompanying applicant, form must be notarized.**

_____ Date
Agency Representative's Signature

SUBSCRIBED AND SWORN to before this _____ day of _____
Month and Year

Notary Public for Idaho
Residing at _____
Commission expires: _____

DISCLOSURE STATEMENT: The Privacy Act as passed by the United States Congress authorizes the use of your Social Security number for the purpose of verifying your identity. This number must be provided and will be used in the administration of driver license laws as required by IC 49-306(3)(a).

I hereby certify under penalty of perjury that all statements in this application are true and correct. I agree and understand that any misstatements of material facts may cause cancellation and/or denial of my driver license or identification card under IC 49-322(1) and 49-2444(12) respectively. I further understand that any misstatement of facts may be a misdemeanor under IC 49-331(5).

_____ Date
Applicant's Signature