



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
800-252-8980
www.cyberdriveillinois.com

Homeless Status Certification

The Homeless Status Certification is provided for the listed agent or agency to affirm to the named individual's homelessness at the time this certification is completed. It must be received by the Secretary of State's office at the time of application no later than 90 days from date notarized. This certification entitles the individual to a free standard State of Illinois ID Card.

This form does not establish proof of the applicant's name, date of birth or Social Security numbers, as required by Illinois law to obtain a State ID Card. The applicant must provide separate documentation from the list of approved documents by the Secretary of State at the time of application.

Homeless Status Certification

I, _____
Printed Name of Representative

certify that _____
Printed Name of Applicant

is a homeless individual as defined by 42 United States Code Section 11302 or 11434a (2), and that this name is the name by which (s)he is commonly known and that (s)he currently resides at the address indicated below. Under penalties of perjury, I swear or affirm that all information contained in this certification is true.

Applicant's Address: _____
Street City ZIP County

Signature of Applicant: _____ Date: _____

Signature of Individual Making Certification: _____

Printed Name of Agency, Religious Organization or
Affiliation of Person Making Certification: _____

Agency's Telephone Number: _____

Agency's Address: _____
Street City ZIP County

Attorney's Registration Number or Agency's Federal Tax ID Number: _____

State of Illinois County of: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

(Place Notary Stamp Here)

Making any false statement on this certification is punishable by law.