Letterhead

Applicant First Name, Last Name

Address

City, State, Zip Code

Date

To Whom this May Concern:

This letter is on behalf of (Applicant Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and their application for the PHL City ID card. I can formally certify that (Applicant Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ presently lives at (Address, City, State, Zip Code) \_\_\_\_\_\_\_\_\_\_\_\_\_.

Check all that applies:

[ ]  The applicant has maintained at least 15 days residency within the 30-day period immediately prior to the submission of the application at this program or shelter.

[ ]  The applicant has received ongoing services from our organization within the 30-day period immediately prior to the submission of the application.

[ ]  My organization authorizes use of the organizations’ address to be placed on the PHL City ID as indication of the applicant’s residency.

I, (organization representative name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, further affirm that the above information is true and accurate.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization representative name

Title

Phone and e-mail