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