



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 Illinois 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 Illinois Secretary of State at the time of application.

**Homeless Status Certification**

\_\_\_\_\_  
Applicant's Name (First, Middle, Last):

Applicant's Date of Birth: \_\_\_\_\_

Under penalty of perjury, I swear or affirm that:

I am a homeless individual as defined by federal law and I currently reside at or receive services from the Agency whose name and address are indicated on this document. I understand that the Illinois State Identification Card (ID Card) for which I am applying will be delivered to this Agency at the address listed on this document and I must pick up the ID Card from the Agency within sixty (60) days of the Agency's receipt of the document. If I fail to collect the ID Card within this 60-day period, it will be returned to the Illinois Secretary of State.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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.

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street (Mailing Address)

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Agency Phone Number (including Area Code) \_\_\_\_\_

Agency Federal Tax ID Number or Attorney Registration Number \_\_\_\_\_

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Under penalty of perjury, I swear or affirm that I am a representative of the above-referenced Agency and the applicant is a homeless person who is currently residing or receiving services from this Agency.

I acknowledge that I accept responsibility for this Agency to receive, by United States mail, and hold in a secure location the ID Card issued to the applicant and will make every effort to ensure the delivery of the ID Card to the applicant when (s)he presents himself/herself in person to the Agency.

Should the applicant not return to the Agency to pick up the ID Card within sixty (60) days of its receipt in this office, the Agency will return the ID card to the Illinois Secretary of State by marking the envelope "Return To Sender" and depositing it in the United States mail.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Agency Employee Making Certification

\_\_\_\_\_  
Signature of Agency Employee Making Certification

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.