



## 6-MONTH RESIDENCY CERTIFICATION FOR LIMITED PURPOSE CREDENTIAL

### APPLICANT INFORMATION

Last Name	First Name	Middle Name	Date of Birth
Address		Apt/Unit Number	City/State
			<b>WASHINGTON, DC</b>
Zip Code		E-mail Address	

Applicant must certify residence in the District of Columbia for at least six (6) months prior to the date of application. To certify, applicant must provide proof of current DC address and two (2) documents from the list below **issued at least six (6) months** prior to application date.

<ul style="list-style-type: none"> <li>Utility Bill (water, gas, electric, oil or cable)</li> <li>Official Mail – received from ANY Government Agency to include contents and envelope, excluding mail from DC DMV (Change of Address Notifications from the Postal Service are NOT accepted)</li> <li>Student Loan Statement</li> <li>Home Line of Equity Statement</li> <li>DC Property Tax Bill</li> <li>Home Security System Bill</li> </ul>	<ul style="list-style-type: none"> <li>Unexpired Homeowner’s or Renter’s Insurance Policy</li> <li>Unexpired Lease or Rental Agreement with the name of the certifier as a lessor, lessee, permitted resident or renter (may be a photocopy)</li> <li>Unexpired Sublease accompanied by the original unexpired Lease with the name of the certifier as sub-lessor</li> <li>Bank Statement</li> <li>Credit Card Statement</li> </ul>	<ul style="list-style-type: none"> <li>Deed, Mortgage, or Settlement Agreement</li> <li>Car/Personal Loan Statement (coupon books or vouchers are NOT accepted)</li> <li>**DC DMV-approved form from certified social service provider (Identification Card Only)</li> <li>Telephone Bill (cell phone, wireless, or pager bills accepted)</li> <li>Investment Account Statement</li> <li>Medical Bill</li> </ul>
<p><b>**Proof of DC Residency Certification Form</b> Certifier must provide two (2) proof of residency documents dated at least six (6) months prior to application date</p>		
<p><small>**Does not require a second source of residency document</small></p>		

Any person using a fictitious name or address and knowingly making any false statement on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405)

I hereby certify that the information contained on this application is true and correct.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR DMV OFFICIAL USE ONLY

DMV EXAMINER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Visit our website: [www.dmv.dc.gov](http://www.dmv.dc.gov) or call 311 in DC or 202-737-4404 for additional information.  
To report waste, fraud, or abuse by any DC Government Agency or official, call the Office of the DC Inspector General at 1-800-521-1639.