



# AFFIDAVIT OF TENNESSEE RESIDENCY FOR HOMELESS OR SHELTER RESIDENTS

**To be eligible for a driver's license or identification card, you must be a resident of Tennessee (TCA 55-50-321). The definition of "resident" is found in TCA 55-50-102(49).**

### APPLICANT INFORMATION

		Date _____	
Name (Last, first, middle initial) _____		Social Security # or TN DL # _____	
Residential Street address (No Post Office Boxes) _____	City _____	State _____	ZIP Code _____
Primary phone number _____	Secondary phone number _____	E-mail address _____	

This affidavit will be accepted as the secondary proof of residency document evidencing your principal residence address in Tennessee. A signed letter on letterhead from a representative of the shelter/agency dated within the last 30 days **MUST** accompany this affidavit. The representative must provide the shelter/agency's Tax ID Number and indicate whether it is tax-exempt. The representative's title and direct agency telephone number must be included in the letter. If you are homeless or living at a shelter, you may use the residence address of the shelter if an authorized shelter representative provides the information and certification required below.

### TENNESSEE RELIEF AGENCY OR SHELTER INFORMATION

*By providing your information and signing this affidavit below, you certify that all the information contained herein is true and accurate and that the applicant noted above meets the requirements of being a resident of the State of Tennessee.*

		Date _____	
Organization Name _____	Tax ID Number _____	<input type="checkbox"/> Tax-ID Exempt	
Organization Address (No Post Office Boxes) _____	City _____	State _____	ZIP Code _____
Organization phone number _____	Contact Person Name _____	Contact Person extension or phone number. _____	

**I certify that the individual named above is a resident of Tennessee receiving social services from the organization named on this affidavit, and the applicant is currently:**

**Please check one:**     Living at the above shelter     Primarily Homeless

Relief Agency or Shelter Authorized Signature _____	Date _____
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**Under penalty of perjury, I certify that all statements in this affidavit are true and correct. I agree and understand any misstatement of material facts may cause cancellation and/or denial of my driver's license or identification license under TCA 55-50-321 and TCA 55-50-502, respectively. I further understand any misstatement of facts may be a misdemeanor or felony under TCA 55-50-602 and may be punishable pursuant to TCA 39-16-702**

Applicant Signature _____	Date _____
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**It is the responsibility of the applicant and any co-signer of this document to ensure that the applicant is legally a resident of the State of Tennessee as defined in TCA 55-50-102(49).**

**DISCLOSURE STATEMENT:** As passed by the United States Congress, the Privacy Act authorizes using your Social Security number to verify your identity. This number must be provided and will be used in the administration of driver's license laws as required by TCA 55-50-321