



Elizabeth ID Application

Card Application Type and Fees (Check and Circle One)

- New/Renewal (\$15)
 New/Renewal: (\$7) (over 62 yrs.; Veteran; Youth under 18 yrs. or disabled)
 Card Change (\$7)
 Lost, Stolen or Damaged (\$10)
 Fee Waiver (New/Renewal)

Applicant Information

1). First Name: _____		2). Middle Initial: ____	3). Last Name: _____	
4). Is this your Legal Name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, 5). Legal Name _____		
6). Date of Birth: (mm/dd/yyyy) ____/____/____		7). Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Designated		
8). Height __ Feet ____ Inches		9). Eye Color: _____		
10). Current Street Address: _____			FL/Apt: _____	
City: _____		State: _____	ZIP Code: _____	
11). Home Phone: _____		12). Cell Phone: _____		
13). Email address: _____				

14). Care Address: Authorized use of address by City Agency, hospital, private/public shelter, nonprofit organization, or religious institution serving homeless or domestic violence survivors in Elizabeth, NJ.

ONLY IF the above address is a "Care of Address": Name of Organization: _____

15). Emergency Contact (optional)

Name of Emergency Contact to appear on the card: _____

Relationship: _____	Address: _____		
City: _____	State: _____	ZIP Code: _____	Phone: _____

16). Certification

Certification: I affirm that I live in the City of Elizabeth, NJ, I am at least 14 years of age and all documents submitted and statements made on this application are true to the best of my knowledge. I certify that by signing this application I agree to an inquiry conducted by the City of Elizabeth, NJ to verify and confirm the information that I have submitted. I also acknowledge that submission of false documents to obtain an Elizabeth Municipal Identification Card is a violation of City Ordinance 4776 and punishable by law.

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

GUARDIAN SIGNATURE (if applicable)

17). Language

Language preference (if not English): _____ Fee Waiver Authorized Yes No

****Official Use Only Do Not Fill out the Section Below****

Application Date: ____/____/____	Application Number: _____	Initials: _____
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City of Elizabeth Municipal Identification Program Terms and Conditions

As a City of Elizabeth Identification cardholder, I understand that:

- The Elizabeth ID Card (EMID) is solely available to residents of the City of Elizabeth, NJ.
- EMID is issued to assist in the identification of the valid cardholder for the purposes of obtaining services from the City of Elizabeth and at the discretion of businesses within the City of Elizabeth.
- Upon application, EMID also serves as a library card for the Elizabeth Public Library.
- EMID card is valid for a term of 2 years from the date of issuance.
- EMID is non-transferable.
- The cardholder is responsible for paying any replacement fee when an EMID is lost, stolen, confiscated or intentionally damaged, or when any information is changed at cardholder's request.
- Cardholder should notify the City of Elizabeth immediately if the card is lost or stolen.
- Relocation of residency outside of the City of Elizabeth invalidates the card and the card shall be returned to the City for destruction.

All applicants must meet the following criteria to apply for the Elizabeth Municipal card

- Validation and verification process using the below 6-point system
- **Requires at least 4 points to prove identity and 2 points to prove residency in Elizabeth, NJ**
- Minimum age to apply is 14 years' old

ALL DOCUMENTS MUST BE ORIGINAL

<p>Four (4) Points – Identity</p> <ul style="list-style-type: none"> <input type="checkbox"/> U.S. or Foreign Passport or citizenship papers <input type="checkbox"/> State of N.J. Motor Vehicles Driver's License or Identification Card with photo <input type="checkbox"/> U.S. Lawful Permanent Resident Card <input type="checkbox"/> U.S. Employment Authorization Card <input type="checkbox"/> -Elizabeth ID (Applicants may rely on a current or expired municipal ID card to prove identity to obtain a new one.) 	<p>One (1) point - Identity</p> <ul style="list-style-type: none"> <input type="checkbox"/> U.S. individual taxpayer identification number (ITIN) authorization letter <input type="checkbox"/> Certificate of marriage or dissolution/divorce of, domestic partnership, civil union, <input type="checkbox"/> Written verification issued by a family member, church, hospital, health care, social service or homeless shelter.
<p>Three (3) points - Identity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foreign Consular ID Card with photograph <input type="checkbox"/> National identification card (Must have photo, name, address, DOB and expiration date). <input type="checkbox"/> U.S. Public Benefits Card (EBT, Medicaid, SNAP, etc.) <input type="checkbox"/> Release Letter from Prison/Discharge papers 	<p>Two (2) points- Proof of Residency in Elizabeth, NJ</p> <ul style="list-style-type: none"> <input type="checkbox"/> State of N.J. Motor Vehicles Driver's License or Identification Card with photo and Elizabeth address <input type="checkbox"/> Utility, cable or phone bill* <input type="checkbox"/> Bank account statement* <input type="checkbox"/> Hospital or health care bill* <input type="checkbox"/> Current residential property lease <input type="checkbox"/> Current mortgage payment receipt <input type="checkbox"/> Juror summons, court order or legal document issued by federal, state or municipal court or agency* <input type="checkbox"/> Proof of a minor enrolled in school in Elizabeth, NJ.
<p>Two (2) points - Identity</p> <ul style="list-style-type: none"> <input type="checkbox"/> U.S. or Foreign military identification card <input type="checkbox"/> Photo ID issued by an accredited U.S. educational institution <input type="checkbox"/> U.S. school transcript from high school or post-secondary school <input type="checkbox"/> Certified Copy of US or Foreign Birth Certificate <input type="checkbox"/> Proof of a minor enrolled in U.S. public or private school <input type="checkbox"/> U.S. Employee/Union Identification Card <input type="checkbox"/> Non-N.J. Driver's License <input type="checkbox"/> U.S. Social Security Card <input type="checkbox"/> Medicare card 	<p>One (1) point - Proof of Residency in Elizabeth, NJ</p> <ul style="list-style-type: none"> <input type="checkbox"/> Insurance bill* <input type="checkbox"/> Employment pay stub* <input type="checkbox"/> Local property tax statement (dated within one year of submission) <input type="checkbox"/> Tax Returns from most immediate tax year <input type="checkbox"/> Written verification from an Elizabeth hospital, clinic, social service agency, city funded shelter or family member attesting applicant is an Elizabeth resident. <p><i>*Proof must be from the past three months and include the applicant's name and address.</i></p>