**Michigan Secretary of State**

**Family Member Residency Verification**

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

Secretary of State

ID Exception Unit

FAX: (517) 763-0176

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use my

Homeowner/lessee ID Applicant

residence address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City, State, and Zip

to receive correspondence, including a State ID.

The following document(s) have been included to prove the family relationship between

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Homeowner/lessee ID Applicant

Birth Certificate: mother/father *(Circle one)*

Birth Certificate: sister/brother *(Circle one)*

Birth Certificate: aunt/uncle *(Circle one)*

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As proof of residency, I am including **two** documents from the checklist below:

Utility bill or credit card bill issued within the last 90 days

Account statement from a bank or other financial institution issued within last 90 days

Mortgage, lease or rental agreement (*Must include the landlord’s telephone number)*

Pay stub or earnings statement issued with the name and address of the employer

Life, health, auto or home insurance policy

Federal, state or local government documents *(e.g., receipts, licenses or assessments)*

Michigan title and registration *(Registration must show current residential address)*

Thank you for your consideration.

Sincerely,

Homeowner/Lessee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_