<table>
<thead>
<tr>
<th>One (1) point = proof of residency in Elizabeth, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>-proof of a minor enrolled in school in Elizabeth, NJ</td>
</tr>
<tr>
<td>-proof of having a valid driver's license or identification card with a current address in Elizabeth, NJ</td>
</tr>
<tr>
<td>-birth certificate, marriage certificate, or other identification showing the holder’s current address in Elizabeth, NJ</td>
</tr>
<tr>
<td>-current identification number/registration number of a vehicle registered in Elizabeth, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Two (2) points = proof of residency in Elizabeth, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>-current identification number/registration number of a vehicle registered in Elizabeth, NJ</td>
</tr>
<tr>
<td>-current identification/registration number of a motorcycle, bicycle, or other vehicle owned by the applicant or member of the applicant’s household</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Three (3) points = identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>-universal unique identification (UU) card</td>
</tr>
<tr>
<td>-social security card</td>
</tr>
<tr>
<td>-US passport or birth certificate</td>
</tr>
<tr>
<td>-US driver’s license</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Four (4) points = identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>-US passport or birth certificate</td>
</tr>
<tr>
<td>-US driver’s license</td>
</tr>
<tr>
<td>-US identification card</td>
</tr>
<tr>
<td>-US military identification card</td>
</tr>
</tbody>
</table>

**All Documents Must Be Original**

- Certain documents must be presented at the time of application, including proof of identification, residency in Elizabeth, NJ, and proof of eligibility for the program.

**Eligibility Requirements**

- Applicants must be at least 18 years old.
- Applicants must meet the following criteria to apply for the Elizabeth Municipal Card:
  - Residency: Applicants must be residents of the City of Elizabeth, NJ.
  - Income: Applicants must meet the income guidelines established by the City of Elizabeth.

**Restrictions on the Use of the Card**

- The card cannot be used for purchases of alcoholic beverages, tobacco products, or lottery tickets.
- The card cannot be used for purchases of items prohibited by local or state law.

**Additional Information**

- The card is valid for a period of two years from the date of issuance.
- The card is not transferable.
- The card is not valid for use at the Elizabeth Public Library.
- The card is not valid for use at any other public library.
- The card is not valid for use at any other government or private entity.
- The card is not valid for use at any other retail establishment.

**Questions or Concerns?**

Contact the Elizabeth Municipal Card Office at (908) 757-3434 or visit www.elizabethnj.gov for more information.
Elizabeth ID Application

Card Application Type and Fees (Check and Circle One):

- ☐ New/Renewal ($15)
- ☐ New/Renewal: $7 (over 65 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? ☐ Yes ☐ No
If no, 5). Legal Name: ____________________

6). Date of Birth: (mm/dd/yyyy) _____/_____/______
7). Gender: ☐ Male ☐ Female ☐ Not Designated

8). Height ___ Feet ___ Inches
9). Eye Color: ____________________

10). Current Street Address: ____________________
     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

Application Date: ___/___/______ Application Number: ____________ Initials: __________