

**HOMELESS AND DOMESTIC VIOLENCE PROGRAMS  
NO IDENTIFICATION/ NO INCOME/  
SUBSTANTIAL LOSS OF INCOME  
AFFIDAVIT**

**Agency Name: Interfaith House**

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

**Client Name:** \_\_\_\_\_

**Address: 3456 W Franklin Blvd,  
Chicago, IL 60624**

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(Photocopy client's ID, or, if the client does not have a state ID or Social Security Card, please complete the portion below)

**I hereby certify that I have no identification.**

**Client Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_  
(Agency Representative)

(check the appropriate box)

**Client was provided assistance and/or referral to initiate the establishment of a State ID, Driver's License, and Social Security Card.**

**Client declined assistance in initiating the process of obtaining a State ID, Driver's License, Social Security Card.**

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(The below should be completed for clients without an income, no proof of income, or those that suffered a substantial loss of income).

**I hereby certify,**

(check the appropriate box)

I have no income     I have no proof of income     I have suffered a substantial loss of income

**Indicate cause for substantial loss:** \_\_\_\_\_

\_\_\_\_\_

**Income Source:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_  
(Agency Representative)

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(Note: This form must be completed at the time of intake, and maintained in the client file.)

Revised March 2014