



INDIANA RESIDENCY AFFIDAVIT

State Form 50879 (R4 / 8-12)
INDIANA BUREAU OF MOTOR VEHICLES

SECTION ONE: TO BE COMPLETED BY APPLICANT

Name (*First, Middle, Last*)

Current Address (*number and street*)

City

State

IN

ZIP Code

Please check the box below that best describes the situation.

I am unable to provide proof of Indiana residency because of the following circumstances:

- a) Incapacitated applicant living with legal guardian, caregiver or living in a health care facility.
- b) Homeless applicant without a residence address.
- c) Applicant of any age currently residing with a relative or friend.
- d) Applicant residing in a motor vehicle, including but not limited to a mobile home or motor home. (Applicant must provide proof of paying Indiana income taxes for the current year or immediately prior year, and have current motor vehicle title and registration records with the Bureau.)
- e) I am active duty military or the spouse of active duty military personnel and I will maintain my mailing address with the Bureau.
Applicant must:
 1. Provide unexpired Military Identification Card.
 2. Sign and date below.

I swear or affirm under the penalties of perjury that the information on this form is true and correct.

Signature

Date (*mm/dd/yyyy*)

SECTION TWO: TO BE COMPLETED BY AFFIANT

Name (*First, Middle, Last*)

Government Entity or Not for Profit Organization Name, if applicable

Current Address (*number and street*)

City

State

IN

ZIP Code

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SECTION TWO: TO BE COMPLETED BY AFFIANT CONTINUED

If attesting to the residency of the applicant, complete the following. Documents must be provided.

- a) I am the legal guardian, caregiver or health care facility of the incapacitated applicant. I am at least eighteen (18) years of age and live with or provide care for the applicant.

Affiant must provide:

1. A valid Indiana driver's license or identification card;
2. One (1) document from approved list showing proof of identity;
3. Two (2) documents from approved list showing proof of residence;
4. Information detailing relationship with the applicant (*see below*); and
5. Guardianship documents (*if applicable*); or

Health care facility must provide:

1. A statement on letterhead attesting to applicant's residency.

Briefly state the nature of your relationship with the applicant. (*Guardianship papers must be provided if applicable.*)

- b) I am a legal representative of a government entity or not-for-profit organization (under 26 U.S.C Sec. 501(c)(3)) for the homeless applicant. Affiant must provide a letter from the government entity or not-for-profit organization on its letterhead containing the entity or organization's name, address, and telephone number, and the legal representative's name, signature, and signature date. The legal representative must state in the letter that the agency provides services to the applicant, and will accept delivery of mail for the applicant. The signed and dated letter will serve as the signature and date on this form below.

- c) I am at least eighteen (18) years of age and a relative or friend of the applicant who is residing at my address. Affiant must provide:

1. A valid Indiana driver's license or identification card;
2. One (1) document from approved list showing proof of identity; and
3. Two (2) documents from approved list showing proof of residence

- d) I am at least eighteen (18) years of age and an Indiana resident allowing the applicant who currently resides in a motor vehicle to use my address for record purposes. Affiant must provide:

1. Two (2) documents from approved list showing proof of residence.

I swear or affirm under the penalties of perjury that the information on this form is true and correct.

Signature

Date (mm/dd/yyyy)