Chicago Department of Family and Support Services (CDFSS)
2023 CSBG SCHOLARSHIP PROGRAM

NO IDENTIFICATION AFFIDAVIT

(For family/household members other than the applicant)
Scholarship applicants must submit a copy of their driver's license or state ID

Please complete this affidavit if necessary and make additional copies as required.

Name (Print): _____   Date: _____

Address: _____

City & State: _____   Zip Code: _____

Choose applicable statements below then sign and date affidavit. In addition, have a witness print their name then sign and date affidavit. Please remember that by witnessing a signature **all dates must be the same**.

☐   I HEREBY CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY CARD READILY AVAILABLE TO SUBMIT WITH THE 2023 CSBG SCHOLARSHIP APPLICATION

☐   I HEREBY CERTIFY THAT I DO NOT HAVE AN IL DRIVER'S LICENSE OR IL STATE I.D. READILY AVAILABLE TO SUBMIT WITH THE 2023 CSBG SCHOLARSHIP APPLICATION

   *Please note: **Scholarship applicants must submit a copy of their driver's license or state ID***

SIGNATURE: _____   DATE: _____

WITNESS (PRINT NAME) _____   DATE: _____

WITNESS (SIGNATURE) _____   DATE: _____

This form must be witnessed. Anyone who knows the applicant may be the witness.

PLEASE NOTE: Parent or guardian signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE_____   DATE: _____

Chicago Department of Family and Support Services (CDFSS)
2023 CSBG SCHOLARSHIP PROGRAM

NO INCOME / NO PROOF OF INCOME AFFIDAVIT
Please complete this affidavit if necessary and make additional copies as required.

Name (Print): _____   Date: _____

Address: _____

City & State: _____   Zip Code: _____

Choose one of the following statements and provide requested information:

☐   I HEREBY CERTIFY THAT I HAVE NO INCOME – Indicate monthly period with **NO INCOME**

0 – 30 Days (Month 1 - June of 2023)

_____

By certifying that you have "No Income," please provide explanation in the space provided below or attach a supporting letter as to how you are able to provide for basic living expenses such as housing, utilities, and food.

☐   I HEREBY CERTIFY THAT I HAVE NO PROOF OF INCOME – Indicate monthly $ amount for period with **NO PROOF OF INCOME**

0 – 30 Days (Month 1 – June of 2023)

_____

With certifying that you have "No Proof of Income," please provide explanation in the space provided or attach a supporting letter as to the absence of any income receipts and the service or product provided to receive this income.

SIGNATURE: _____   DATE: _____

WITNESS (PRINT NAME) _____   DATE: _____

WITNESS (SIGNATURE) _____   DATE: _____

This form must be witnessed. Anyone who knows the applicant may be the witness.

PLEASE NOTE: Parent or guardian signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE_____   DATE: _____