

Government of the District of Columbia Department of Health



Health Regulation & Licensing Administration Medical Marijuana Program

<u>Proof of DC Residency (must provide at least TWO</u> of the following in the name of the applicant)

Proof of payment of District of Columbia personal income tax, in the name of the applicant, for the tax period closest in time to the application date
A property deed for a District of Columbia residence showing the applicant as an owner or co-owner
A valid unexpired lease or rental agreement in the name of the applicant on a District of Columbia residential property
A pay stub issued less than forty-five (45) days prior to the application date which shows evidence of the applicant's withholding of District income tax
A voter registration card with an address in the District of Columbia
Current official documentation of financial assistance received from the District Government including, but not limited to Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income (SSI), housing assistance, or other governmental programs
A current motor vehicle registration in the name of the applicant evidencing District residency
A valid unexpired District motor vehicle operator's permit or other official non-driver identification in the name of the applicant
A utility bill (excluding telephone bill) from a period within the two (2) months immediately preceding the application date in the name of the applicant on a District of Columbia residential address
Any other reasonable form of verification deemed by the Director or the Director's agent to demonstrate proof of current residency