AFFIDAVIT OF RESIDENCY

_____

Student First Name **Last Name** **Middle Name**

_____

Additional Student Names

_____

Street Address **City** **State** **Zip Code**

This form is to be completed in the presence of a Notary Public in the following residency cases (please check which applies).

If you have multiple students enrolling in school, please list all names.

☐ Student lives with someone other than the legal guardian
☐ Student and legal guardian reside with a friend or relative
☐ Independent student (age 18+) resides with a friend or relative

The lessee/property owner with whom the student resides must attach one form of proof of residency. The proof of residency must be in the lessee/property owner's name and must match the address where the student resides. Acceptable forms of POR are:

Dated within 90 days of submitting the enrollment application:	*Other:*
• Utility Bill (electric, gas, water, or sewer); Resident name and address must appear on the bill • Pay Stub; Resident name and address must appear on the stub • Mortgage Statement: Resident name and address must appear on the statement • Rent Receipt; must be dated and include names and signatures of the lessee and the lessor	• Lease or Rental Agreement that specifies start and enddate of the agreement; must be dated and include names and signatures of the lessee and the lessor • Property Tax Bill; must be dated and include residentname and address • Bank Statement

To be completed by the legal guardian or eligible, independent student (age 18 or older):
With my signature I verify that the student and legal guardian reside at the above address.

_____/_____/_____
Legal Guardian Name *Legal Guardian Signature* *Date*

_____/_____/_____
Eligible Student (age 18 or older) *Eligible Student Signature* *Date*

To be completed by the lessee/property owner:
With my signature I verify that this student and his/her legal guardian reside at the above address.

_____/_____/_____
Lessee/Property Owner Name *Lessee/Property Owner Signature* *Date*

To be completed by a Notary Public:
*Sworn to and ascribed in my presence this*_____ *Stamp of Seal*
*day of*_____*20*_____

_____
Notary Public Name

_____
Notary Signature

_____
Street Address *City* *State* *Zip*