AFFIDAVIT OF RESIDENCY (one per student)

_____

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

_____

Student Gender **Date of Birth** **Grade Level in 2017-18**

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

- ☐ Dependent student lives with someone other than the legal guardian
- ☐ Dependent 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, sewer, or cable); 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 end date 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 resident name and address • Voter Registration Card • Bank Statement

To be completed by the legal guardian or the independent student:
Please enter the new address:

_____

Street Address City State Zip Code

Legal Guardian Phone Number: _____ Legal Guardian Lives Here Too? ☐ YES ☐ NO

_____/_____/_____

Legal Guardian Name *Legal Guardian Signature* *Date*

To be completed by the lessee/property owner and legal guardian or independent student:

_____/_____/_____

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*