

AFFIDAVIT OF RESIDENCY (one per student)

Student First Name	Last Name	Middle Name
Student Gender	Date of Birth	Grade Level

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:

<p><i>Dated within 90 days of submitting the enrollment application:</i></p> <ul style="list-style-type: none"> • 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 	<p><i>Other:</i></p> <ul style="list-style-type: none"> • 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
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ <i>Legal Guardian Name</i>	_____ <i>Legal Guardian Signature</i>	_____ <i>Date</i>	

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

_____ <i>Lessee/Property Owner Name</i>	_____ <i>Lessee/Property Owner Signature</i>	_____ <i>Date</i>
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To be completed by a Notary Public:

Sworn to and ascribed in my presence this _____ day of _____ 20_____
Stamp of Seal

Notary Public Name

Notary Signature

Street Address *City* *State* *Zip*