

Saranac Central School District

PO Box 8, Saranac, New York 12981

Tel. (518) 565-5600 ~ Fax (518) 565-5617

Affidavit of Shared Residence

(To be completed by the resident homeowner or tenant with whom a student and his or her parent/legal guardian resides)

- I, _____ reside at _____ within the Saranac Central School District. I own/rent my dwelling at above address.
(name of resident homeowner or tenant) (address)
- I understand that _____ seeks to enroll the following child(ren) as resident student(s) in the Saranac School District:

- I attest that I have given permission to these children and their parent(s) to reside with me at my home or apartment, and that they do in fact reside with me and have no other residence.
- This living arrangement began on _____, 20____, and is expected to continue until _____.
The reason for this living arrangement is:

- I understand that statements made in this affidavit will be relied upon by the Saranac Central School District. I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution.
- The following attached documents will provide proof that I am a homeowner or tenant at the above address (must provide **two proofs** from list that include your name and physical address and must be dated within the last 30 days; documents with only a P.O. Box are not valid proofs of residency):

- | | |
|------------------------|--|
| ___ Lease Agreement | ___ Utility bills |
| ___ Deed | ___ Voter registration documents |
| ___ Mortgage Statement | ___ Homeowner or Car Insurance policy (current) |
| ___ Pay stub | ___ Tax bill (current) |
| ___ Income tax form | ___ Documents issued by federal, state or local agencies |

Sworn to before me this _____ day of _____, 20____.

Notary Public - State of New York

Print Name

Phone Number

Signature