

NOTICE: This affidavit is an official government record and must be notarized prior to submission. The provision of false information in this affidavit may result in the immediate withdrawal of the student from school. All information is subject to verification procedures.

Full Name of Student(s)	<p align="center">SHARED HOUSING AFFIDAVIT</p> <p align="center">(TO BE COMPLETED BY THE STUDENT'S PARENT, LEGAL GUARDIAN, OR LEGAL CUSTODIAN)</p>
Full Name of Student's Parent / Legal Guardian	
Full Name of Owner or Renter of Property	
Street Address of Property	
City State Zip	
Phone Number of Owner or Renter of Property	Email Address of Owner or Renter of Property

I, _____, being a legal adult and fully competent to make and execute this affidavit, hereby affirm and certify the following:

- I am the biological parent, legal guardian, or legal custodian of the student identified above.
- The student identified above and I have lived in the home of the person identified above at the address identified above since _____.
- The student and I live at the property described above (check one):
 - ☐ Infrequently
 - ☐ Occasionally
 - ☐ Always (brief periods of travel excepted)
 - ☐ Other. Please specify/explain: _____

- The student and I (check one):
 - ☐ Do not have any other home
 - ☐ Spend some time in another home. Please specify/explain: _____

5. Barring unforeseen circumstances, the student and I plan to remain in the home identified above (check one):

☐ Indefinitely

☐ Until we secure more permanent housing

☐ Other. Please specify/explain: _____

_____.

6. I consider the home identified above to be my regular domicile and have no present intent to return to a more permanent home.

7. I certify and attest that all of the information provided in this Affidavit is true and accurate to the best of my knowledge.

8. I understand that the information provided in this Affidavit is subject to verification procedures and that both I and the property owner or renter identified above may be asked follow-up questions.

This is the ____ day of _____, 20____.

Signature: _____

Printed Name: _____

State of: _____ County of: _____

I, _____ a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this day and acknowledged the due execution of

the foregoing instrument. Witnessed my hand and official seal, this the _____ day of _____, 20____.

My commission expires: _____.

(Notary Public signature)