



Dudley-Charlton Regional School District
Shared Housing Affidavit

School Year: _____

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

Instructions: To be completed by parent/guardian when residing in a shared housing situation.

Section A – To be completed by parent/guardian and must be accompanied by legal photo identification as outlined in column C of the Dudley-Charlton Regional School District, Residency Policy JF, attached.

Section B- Notarized signatures of parent/guardian, person who owns or rents the property *and* notary.

A. Name of the Parents/Guardians: _____

<u>Name(s) of Students</u>	<u>Date of Birth</u>	<u>Grade</u>

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

B. I, _____, declare the address above is my bona fide principal residence. Principal residence means the one location where an individual regularly resides and is the one location used by the individual for the legal purposes of voting, obtaining a driver’s license and filing income taxes. I affirmatively declare that I have not identified another location as my residence to any financial institutions or government agencies and that I and the above names child(ren) reside at this location on a full time basis. I agree to advise the school within one week of any change in residence. I understand that the information provided in this affidavit is subject to verification procedures, a residency check by the local police department, and that both I and the property owner or renter identified in section C may be asked follow-up questions.

Please print name

Signature of Parent/Guardian

C. As the homeowner(s) or renter(s) of the residence at the address listed above, I _____, declare that the above named individual and child(ren) are residing with me/us on a full time basis. I further affirm that this is a bona fide living arrangement and is not made solely for the purpose of attending a public school in the Dudley-Charlton Regional School District. I agree to provide proof of residency, proof of occupancy, and proof of identification as outline in the Dudley-Charlton Regional School District, Residency Policy JF, attached. I understand this form must be completed annually and that submitting a false affidavit is perjury.

Signature of Property Owner or Leasee Sharing Residence

Please print name

Phone number

STATE OF MASSACHUSETTS
WORCESTER COUNTY

I certify that on this _____ day of _____, 20____, the above subscribers personally appeared before me and made oath that the foregoing facts are true to the best of their knowledge, information, and belief, under penalty of perjury. Each subscriber provided the following identification:

My Commission Expires: _____

Notary Signature: _____