

Residency Affidavit Resident Providing Housing for Another Family

State of New Jersey	
County of Essex	
J ₉	_, of full age, being duly sworn according
to law, on my oath depose and say:	
1. I am domiciled and reside at	
n the Township of Livingston, County of Essex, and S	state of New Jersey. This has been my
place of domicile and residence since	•

2. I own/rent (circle one) the premises identified above. If the premises are rented, I have attached an original or certified copy of the lease or a sworn statement from the landlord (if there is no lease) (Landlord Affidavit), together with two (2) additional forms of proof showing residence within the Livingston School District (hereinafter referred to as "the District"). If the premises are owned, I have attached an original or certified copy of the deed or property tax bill, together with two (2) additional forms of proof showing residence within the District. I understand that the parent is also required to provide two forms (2) of proof showing residence within the District.



3. I hereby certify	and declare, under penalty of law,	that the following persons are in full-
time residence in	our home as an entire family, at no	cost, for the period of
	through	
(This affidavit is v	alid only through the current schoo	l year.)
	Relationship	(Grade if Applicable)
Name	Relationship	(Grade if Applicable)
Name	Relationship	(Grade if Applicable)
Name	Relationship	(Grade if Applicable)
4		(hereinafter referred to as the
"parent(s)") and h	nis/her/their child/children	
(hereinafter refer	red to as the "child/children") are re	siding temporarily with me in my
home.		
5. The parent(s) s	shall retain all personal obligations	of the child/children relative to school
requirements and	shall ensure that the child/childrer	n comply with all of the policies,
rules, and regulat	tions of the District and the laws of	the state of New Jersey.



6. This Affidavit is made in compliance with the provisions of N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Board to accept the child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board's reliance upon the truthfulness and accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools.

Signature(s) of Livingston Resident	Signature of Parent	
Telephone Number	Telephone Number	
Sworn and subscribed to before me		
thisday of, 20		
Notary Public County:		
My Commission Expires:		