



NORTH PROVIDENCE PUBLIC SCHOOLS
1820 Mineral Spring Avenue, North Providence, RI 02904
401.233.1100 | TDD: 800.745.6575 | FAX: 401.349.5777

Residency Affidavit – Landlord/Shared Tenancies/Owner

Parent/Guardian Section

Parent

I, _____, as the applicant submitting this Residency/Landlord Affidavit, swear, under pains and penalties of perjury, that the information below is accurate and I understand that the information contained in this legal affidavit is subject to verification by a residency investigator.

Print Parent Name	Print Parent Address	Telephone Number
_____	_____	_____
		(xxx) xxx-xxxx
Parent/Guardian Signature		Date
_____		_____
		(mm/dd/yyyy)

Landlord/Owner Section

My name is _____ and I hereby depose and certify as follows:

1. I am the owner or landlord or management company representative of property located at:

(Address where parent lives)

2. _____ resides with student _____ at this address.
(Parent/Guardian or Student over 18)
3. I hereby state that the party named above resides with me and/or at the address above.

Signed under the pains and penalties of perjury this _____ day of _____, 20 _____.

Landlord/ Representative name	Landlord address	Telephone number
_____	_____	_____
		(xxx) xxx-xxxx
Landlord/ Representative signature		Date
_____		_____
		(mm/dd/yyyy)

Oath Notary

State Of Rhode Island County Of _____

city/town

In _____ on this _____ day of _____, 20 _____, before me personally appeared _____ and after reading the above Affidavit and after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires

(FORM A)

NOTICE: IF YOU PROVIDE FALSE INFORMATION UNDER OATH YOU WILL BE REFERRED FOR PROSECUTION FOR PERJURY. A PERSON WHO IS FOUND GUILTY OF PERJURY MAY RECEIVE UP TO TWENTY YEARS IN JAIL.

(mm/dd/yyyy)

Stamp

Affidavits by other parties are not accepted