

ISLAND TREES PUBLIC SCHOOLS
74 FARMEDGE RD, LEVITTOWN 11756-5205
(516) 520-2111

HOMEOWNER'S STATEMENT

Name of Homeowner(s): _____

Island Trees Address: _____

Town: _____ Zip: _____

We do hereby affirm that we are the owners of the property described above. Upon request of the District, we will provide proof of ownership.

Check One: _____ We reside at the above address

_____ We reside at the following address:

Street: _____ Zip: _____

Home Phone: _____ Bus. Phone: _____

We affirm that the following persons are being provided living space from us on or before the date of the affidavit. (LIST ALL ADULTS AND CHILDREN)

We also affirm that the following members of the homeowner's family continue to reside at this address. (LIST ALL ADULTS AND CHILDREN)

We understand that the Island Trees Public Schools will rely upon the accuracy of these statements as proof of residency and entitlement to educational services. It is understood that the Island Trees Public Schools may seek to recover funds expended on the education of children who do not reside at this address. **We agree to promptly notify the Island Trees Public Schools of any changes in the residency of the persons named above.** (Note: By providing prompt notification, homeowners will avoid responsibility for services provided subsequent to the parties vacating the premises.)

Homeowner's Signature _____ *Date* _____

Homowner's Signature _____ *Date* _____

PLACE NOTARY STAMP & SEAL BELOW