RENTER'S/ NON-OWNER'S AFFIDAVIT

STATE OF NEW YORK}
}ss:
COUNTY OF }

_____
STUDENT'S NAME (Print Last Name, First Name)

_____, being duly sworn, deposes and says:
(YOUR NAME)

1) I understand that this statement is being made **UNDER THE PENALITIES OF PERJURY**, in order that my Child/Ward may be admitted to the schools of the Island Trees UFSD as a district resident. I further understand that if my Child/Ward is found not to be a legitimate resident of the Island Trees UFSD, that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY $12,102 PER YEAR, PER CHILD, RETROACTIVE** to the first day of admission. I also realize that theft of government services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

2) I _____am the (PARENT/GUARDIAN/CUSTODIAL PARENT) of the above named Child/Ward. I reside at (state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.)_____
_____
_____
with my Child/Ward and

1_____ 4_____

2_____ 5_____

3_____ 6_____

(LIST EACH AND EVERY OTHER PERSON IN YOUR FAMILY LIVING AT THE ABOVE ADDRESS)

This is my actual and only permanent residence. My Child/Ward lives with me and said address is his/her actual and only permanent residence. My living arrangement is governed by:

_____ A FORMAL LEASE (attach copy of lease and Homeowner's Statement)

_____OTHER (attach rental agreement and Homeowner's Statement)

Sworn to before me

this_____day of_____, 200

_____
SIGNATURE OF RENTER/NON-OWNER