## Saranac Central School District

PO Box 8, Saranac, New York 12981

Tel. (518) 565-5600 ~ Fax (518) 565-5617

## **Affidavit of Residence Landlord/Owner Statement**

(If you don't have a formal lease - to be completed by landlord or property owner)

L.	I am the owner or property manager of one or more apartments or other residential units located at	
		, within the Saranac Central School District.
	(Attach a copy of your proof of residence for premises.)	
<u>2</u> .	I understand that s	seeks to enroll the following children as resident students of the
	Saranac District:	
3.	I attest that these children and their parents reside at the abo	
<b>l</b> .		
	I am permitting this family to reside at the above addr I pay for the utilities at this address (attach copy of mo	ost recent utility bill).
	I pay for the utilities at this address (attach copy of mo	
	The above named parent/guardian pays monthly rent They also pay their own utilities.	in the amount of \$
5.	I understand that statements made in this affidavit will be relied upon by the Saranac Central School District. I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution.	
		Print Name
		Phone Number
	Sworn to before me this day of, 20	Signature
	Notary Public - State of New York	