

LINDOP SD 92 – FORM B2
HOMEOWNER/RENTER AFFIDAVIT
FOR FAMILIES SHARING A RESIDENCE

Student's Name		Date of Birth	
Parent/Guardian Name(s)			

The person attempting to register the above-named student LINDOP SD 92 has indicated that he/she and the student reside with you on a fixed, regular, nighttime basis. In order to establish the student's residency for attendance in our schools, you must complete this form each year that the family is residing with you and return it to the main office. Completing this form does not establish residency. The District may investigate residency status, including through a home visit and additional documentation, before allowing enrollment. Enrollment is not complete until residency is confirmed.

The District asks to be notified if the above-named student moves from your residence at any time or if the facts you provide in this affidavit change. You may do so by contacting the secretaries in the main office 708-786-6464.

Step 1: Proof of Identity

Name of Homeowner/Renter Completing this Affidavit: _____

Relationship to Student: _____

You must provide photo identification to prove your identity (e.g., a Drivers' License/State ID). If you do not have such documentation, contact the Registrar to discuss other forms of identification that may be acceptable.

Step 2: Residency Verification

Check the box that best describes your living situation: ☐ I own my home ☐ I rent and have a current lease

☐ Other (describe): _____

You must provide documentation showing you reside on a regular, fixed, nighttime basis at the address provided. *All documentation must be current (within the last 30 days and show your name and address).* Check the boxes for the documentation you are providing and include the documentation with this completed form. To guard your security, please block out account and social security numbers on the documents before you present them.

CATEGORY A – 1 Document	CATEGORY B – at least 2 Documents		
<input type="checkbox"/> Closing Statement for purchase of residence <input type="checkbox"/> Most Recent Tax Bill: <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Full Lease with Landlord Contact number <input type="checkbox"/> Other:	<table style="width: 100%;"><tr><td style="width: 50%;"><input type="checkbox"/> Gas Bill <input type="checkbox"/> Electric Bill <input type="checkbox"/> Phone Bill <input type="checkbox"/> Water/Sewer Bill <input type="checkbox"/> Cable Bill</td><td style="width: 50%;"><input type="checkbox"/> Public or Medicaid Card <input type="checkbox"/> Home Owners/Renters Insurance</td></tr></table>	<input type="checkbox"/> Gas Bill <input type="checkbox"/> Electric Bill <input type="checkbox"/> Phone Bill <input type="checkbox"/> Water/Sewer Bill <input type="checkbox"/> Cable Bill	<input type="checkbox"/> Public or Medicaid Card <input type="checkbox"/> Home Owners/Renters Insurance
<input type="checkbox"/> Gas Bill <input type="checkbox"/> Electric Bill <input type="checkbox"/> Phone Bill <input type="checkbox"/> Water/Sewer Bill <input type="checkbox"/> Cable Bill	<input type="checkbox"/> Public or Medicaid Card <input type="checkbox"/> Home Owners/Renters Insurance		

Please contact the registrar if you are having trouble collecting the required documents.

Step 3: Residency Questions

Please answer the following questions:

When did the above-named student move into your home? _____

Why did the above-named student and his/her parent/guardian move into your home?

Does the above-named student or his family pay or contribute to rent or utility bills at your home? _____

Does the above-named student and/or his or her parent/guardian stay at your home every night? For purposes of answering this question you need not consider sporadic social activities such as sleepovers.

☐ Yes ☐ No If No, Explain: _____

Does the above-named student and/or his or her parent/guardian regularly/repeatedly spend time at any home other than yours? For purposes of answering this question, you need not consider sporadic social activities such as playdates or visits with family that are not regular.

☐ Yes ☐ No If No, Explain: _____

Step 4: Affirmation and Warning
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Please read the following statements, **initial each**, and sign below:

- ☐ I affirm that the information presented in this verification form, and that is or will be presented in connection with any investigation of my residency or the residency and custody of the student is true, complete and accurate.
- ☐ I understand that knowingly or willfully providing false information to Lindop SD 92 regarding the residency of a child for the purpose of enabling that child to attend any school in the District is a **Class C misdemeanor**.
- ☐ I understand and certify that by signing this form, I will be held responsible for **payment of tuition** for the child/children named, and all applicable fees/fines if any false information is herein provided regarding residency.

<i>Date</i>	<i>Adult Signature</i>	<i>Adult – Printed Name</i>
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Step 5: This Document Must Be Signed and Notarized

AFFIDAVIT

The undersigned, being first duly sworn, affirms that the answers and documents provided in connection with the foregoing Residency Affidavit For Families Sharing a Residence are complete, true, and correct.

I acknowledge that misrepresentation or providing incorrect or incomplete information may result in the disenrollment of the student from school, my being subject to the payment of tuition for any period of time that student was not a resident of the district and/or referral to proper law enforcement authorities for prosecution under any applicable criminal laws.

Signature

Street Address

City, State, Zipcode

SUBSCRIBED TO AND SWORN BEFORE ME

Notary Stamp Here

On this _____ day of _____, 20____

Notary Public

