HAWTHORNE BOARD OF EDUCATION

445 Lafayette Avenue Hawthorne, New Jersey 07506 Phone: 973-427-1300

Residency Affidavit 1 Landlord's Affidavit (Where No Written Lease Exists)

| State of New Jersey)) ss: County of Passaic) | | | |
|---|--|--|--|
| I, | , of full age, being duly sworn according to | | |
| law, on my oath depose and say: | | | |
| 1. | I am the owner of property located at in the | | |
| | Borough of Hawthorne), County of Passaic, State of New Jersey. I am attaching | | |
| | with this affidavit an original or certified copy of a deed or contract of sale, | | |
| | together with three additional forms of proof showing residence within the | | |
| | Hawthorne School District ("the District"), to demonstrate that I own the | | |
| | property listed above. | | |
| 2. | I am renting the property to | | |
| | for a term of The tenancy commenced on | | |
| | and expires on The tenant has | | |
| | child/children, named The | | |
| | parties have not entered into written lease for the property. | | |
| 3. | This affidavit is submitted for the purpose of inducing the Hawthorne Board of | | |
| | Education ("the Board") to accept a child as a student in the District on a tuition- | | |
| | free basis. I state that the information contained in this Affidavit is true and | | |
| | accurate and acknowledge the Board's reliance upon the truthfulness and | | |
| | | | |

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accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools.

| | Signature | Signature(s) of Landlord(s) | | |
|-----------------------------------|------------|-----------------------------|-----|--|
| | | | | |
| | Street Add | Street Address | | |
| | City | State | Zip | |
| | Telephone | e Number | | |
| Sworn and subscribed to before me | | | | |
| this day of, 20 | | | | |
| Notary Public | | | | |
| My Commission Expires: | | | | |

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