North Kingstown School Department 100 Romano Vineyard Way, Suite 120 North Kingstown, RI 02852

LANDLORD/SHARED TENANCIES AFFIDAVIT FORM

To be completed, signed, and notarized by property owner.

l, (Name of	property owner)			(check one below)			
	own a home or apar	tment which I rent to the	e party named l	below.			
	attest the person n	amed below lives with m	e at the addres	s listed below. *(This form will be required			
	for each school year an	nd is considered expired on t	he last day of sch	nool.)			
=	rtify that the following person(s) listed as parent or guardian are residing full time at this address:						
Street Ad	ldress		City	Zip	1		
	(1)			1			
• •	•	ian:					
Children's	Names						
As the eni	rolling parent/guardi	an, I, (parent/guardiar	າ)	attest the	at I do		
				own residence, I will immediately provi			
			i establisii iiiy	own residence, I will illillediately provi	ue in		
school wit	th proof of address in	i my own name.					
As owner, I	Lundarstand that this s	tatomont is boing made i	n ardar ta nrav	ride proof of residency so that the above nam	ad		
		rth Kingstown School Dep		nde proof of residency so that the above ham	eu		
		= :		verify the information provided herein, inclu	ıding t		
		tric or other major utility.		,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			
	• =			nrolled and will be dismissed or reassigned No	orth		
				t falsification of any information on this form			
_		· · · · · · · · · · · · · · · · · · ·		ment for expenses incurred to educate the st	-		
	-	=		on and negligence. See RIGL: 16-64-1			
1 1,1 (1,			,				
I have read	I & understand the abo	ove:					
Signature	of landlord	Date					
Print Nam	ne of above						
				Sworn to and subscribed before this	_day o		
				of, 20			
				N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u>-</u>		
				Notary Public Signature (place Notary Seal or Sta	mn here		