



Ridgefield School District
 2724 SOUTH HILLHURST ROAD, RIDGEFIELD, WA 98642 Ph: 360-619-1300 Fax: 360-619-1397
CO-RESIDENCY SUPPLEMENTAL FORM

*This Co-Residency Supplemental Form must be completed and attached to the Residency Verification Affidavit **only for those parents/guardians who share a home with another individual or family member**. It is to be completed and submitted along with photo ID (driver's license or passport) by the resident/owner of the shared residence with whom the parent/guardian and enrolling student(s) reside.*

I, _____ (primary resident/owner) declare that I am the primary resident/owner of the address listed on the attached Residency Verification Affidavit and that the following people reside with me at least four (4) days per week:

I further declare that all of the information provided in the Residency Verification Affidavit, including information provided by the parent/guardian, is true and correct. I understand that home visitations and/or residency verification is a part of a periodic process to confirm residency established by a Residency Verification Affidavit. I agree to notify the Ridgefield School District should there be any changes in the status of the residency of the persons listed on the attached Residency Verification Affidavit or myself. I am submitting the following pieces of evidence to verify my residency:

- | | |
|---|---|
| <input type="checkbox"/> Current payroll check stub with name and address | <input type="checkbox"/> Mortgage, rental or lease documents |
| <input type="checkbox"/> Government issued check or correspondence | <input type="checkbox"/> Homeowners or Renters Insurance Policy |
| <input type="checkbox"/> Public agency documents (DSHS, courts, etc.) | <input type="checkbox"/> Utility bill(s) (water, sewer, gas, electric, cable, etc.) |

*Personal correspondence or copies of envelopes are not acceptable Proof of Residency documents.

I swear (or certify) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Executed on the date below in the County of Clark, Washington.

Signature of Primary Resident/Owner	Print Name	Date
Physical Address	City	State
	Zip	Phone