

# Pequannock Township Public Schools

538 Newark Pompton Turnpike  
Pompton Plains, New Jersey 07444  
Phone: (973) 616-6140 ♦ Fax: (973) 616-6043

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

State of New Jersey            )  
  ) ss:  
County of Morris                )

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 Township of Pequannock, County of Morris, and 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 (3) additional forms of proof showing residence within the Pequannock Township School District (hereinafter referred to as "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 Pequannock Township Board of Education (hereinafter referred to as "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

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reliance upon the truthfulness and 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 as well as any related costs and/or fees, including attorneys fees, incurred as a result of such ineligible attendance.

\_\_\_\_\_  
**Signature(s) of Landlord(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Street Address

City State Zip

Telephone Number

Sworn and subscribed to before me

this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_