

**MAMARONECK UFSD - PROOF OF RESIDENCY
LANDLORD'S (PROPERTY OWNER'S) AFFIDAVIT**

RE: _____ Family (Tenants)

FROM: _____
Property Owner's Name Telephone Number

Property Owner's Street Address

City, State, Zip

RENTAL PROPERTY: _____ Term of Lease: _____
Street Address _____ / ____ / ____ to _____ / ____ / ____
Start of Lease End of Lease

Apartment Number Tenant's Phone Number

City, State, Zip

I hereby state that the individuals listed below are my tenants at the rental property listed - list all school aged occupants of the household for which enrollment in Mamaroneck UFSD is being requested. I understand that if the above mentioned child(ren) is/are found not to be a legal resident(s) of the Mamaroneck Union Free School District, I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$18,000.00 PER YEAR, PER CHILD, RETROACTIVE TO THE FIRST DAY OF ADMISSION. I also realize that theft of government services is a crime punishable under the State Penal Law, and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

_____ Parent	_____ Child
_____ Parent	_____ Child
_____ Child	_____ Other
_____ Child	_____ Other

The above information is requested to validate the residency of the above listed children.

Date Signature of Property Owner/Landlord