AFFIDAVIT OF PROPERTY OWNER/LANDLORD
IN SUPPORT OF THE RESIDENCY APPLICATION
TO
THE TRUMBULL SCHOOL DISTRICT

STATE OF CONNECTICUT)
) SS:
COUNTY OF FAIRFIELD)

I, _____,
(Name of Property Owner/Landlord or Property Manager)

as property owner or manager/agent of the dwelling located

at _____
(Street #, Address, City, State, Zip)

hereby certify that I am renting space or residing (with a relative) in this dwelling from

_____to _____
(Week/Month/Year) **(Week/Month/Year)**

The following persons are identified as tenants having the right to be occupants in the dwelling:

- Parent(s)/Guardian(s): _____

Name of Child in Admittance Application:

Last: _____ First: _____ MI: _____

List all other persons residing in the dwelling (Use back for additional names):

Last Name	First Name	Relationship

As property owner/landlord, I certify that I will notify the Trumbull School District Assistant Superintendent's Office within 30 days of termination of this tenancy relationship.

I understand that my failure to respond to this request, or that a perjured or fraudulent statement may lead to the disenrollment of the above named student(s). In addition, the parent(s) may be prosecuted under the criminal statues of the State of Connecticut. I, also, understand that this document may be used as evidence in a court of law. **In addition to the imposition of civil penalties, perjured or fraudulent statements could lead to possible criminal prosecution.**

_____ _____ _____
(Signature of Property Owner/Landlord) (Print Name) (Date)

_____ _____ _____
(Mailing Address) (City, State) (Zip Code)

NOTARY:

Sworn to before me this _____day
Of _____

_____
Notary Public

PLEASE DO NOT RETURN TO LEASEE BUT RETURN COMPLETED FORM TO:
Trumbull School District, Assistant Superintendent's Office, 6254 Main Street, Trumbull, CT 06611

Rev. 2/21