

LANDLORD AFFIDAVIT

STATE OF NEW YORK)

)ss.

COUNTY OF _____)

Date: _____

To Whom it May Concern:

I, _____, certify that
(Name of Landlord)

_____ and
(Name of Parent/Guardian)

_____ reside at:
(Name of Children Seeking to Enroll)

(address)

(City, State, Zip)

Landlords Signature

Sworn to before me on this _____ day of _____, 20

Notary Public