

20 _____ - 20 _____ School Year

ADULT SHARED RESIDENCY CHECKLIST

Completed Adult Shared Residency Forms or Affidavits (new or renewal) must be signed in the presence of a notary and submitted with student's registration documents. All lines must be completed or filled in with NONE or N/A if they do not apply.

To complete the application process, the **CUSTODIAL PARENT/GUARDIAN** must provide any **TWO** (2) of the following items to confirm their current address:

_____ **Driver's License or State issued ID** – must have current address or BMV statement showing change

_____ **Payroll Check or Paystub** – must include name, current address, and current date

_____ **Job & Family Services Letter or Letter from the Caseworker** – must include name, current address, and current date

_____ **Income Tax Documents** – must be for the current year and have been filed within 60 days of Adult Shared Residency application

_____ **Vehicle Insurance** – must include name, current address, and current date

_____ **US Postal Service - Proof of Address Change** – must include name, current address, be date stamped by the post office, or can be completed online with USPS

AND, the **HOME PROVIDER** must provide **ONE** (1) of the following items to confirm the address of the property where the student and his/her family are residing:

_____ **AES Bill or CenterPoint Energy Bill** – must be current within 30 days and in the Home Provider's name (no disconnection notice will be accepted)

_____ **Mortgage Statement or Lease Agreement** – must be current, in the Home Provider's name, with address of property

If this is a new Adult Shared Residency, it must be completed before your student(s) can be enrolled. All supporting documentation should be uploaded to the student(s) FinalForms account, or it can be submitted at the HHCS Central Office, 5954 Longford Road, Huber Heights, OH 45424. If you should have any questions, please contact the registrar at 937.237.6300 option 7.

We reserve the right to request renewal of the Adult Shared Residency at any time.

Welcome to Huber Heights City Schools. We're glad you're here!

Parent

Affidavit of Adult Shared Residency
Huber Heights City Schools
5954 Longford Road, Huber Heights OH 45424
937.237.6300 Option 7

900.17
01/2023

20 ____ - 20 ____ School Year

I, _____, being duly sworn, certify that I am the parent/guardian of the following children:

Table with 4 columns: STUDENT NAME(S), DATE OF BIRTH, SCHOOL, GRADE. Multiple rows for listing children.

Parent contact phone is: _____

I certify that I and the above-named children actually reside at the property located at:

ADDRESS

AND I am not maintaining a separate residence elsewhere. I will immediately notify school officials if we change residences.

Please provide ALL information requested below. If you do not own a car and/or are currently employed, please mark "None".

Form with fields for: PREVIOUS Street Address, City & State, Zip Code, Auto Make & Model, License Plate Number & State, Current Employer, Street Address/City/State/Zip, Phone.

I give consent for the Huber Heights City School District to use any legal means to verify my residency. I hereby give my permission for release of information concerning my residency from employers, realtors, rental office, and my utility providers. The supporting documentation is required from new parent/guardian affidavit applicants prior to your student(s) starting school or at the time an application for renewal has been submitted.
I realize that should any of the above statements be false, I am liable for any penalties which the law provides under the criminal code.

Parent/Guardian Signature Date

Sworn to before me and subscribed in my presence on this ____ day of _____ 20 ____

NOTARY PUBLIC State of Ohio - County of Montgomery COMMISSION EXPIRES

Home Provider

Affidavit of Adult Shared Residency
Huber Heights City Schools
5954 Longford Road, Huber Heights OH 45424
937.237.6300 Option 7

900.17
01/2023

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To Parent/Guardian: The Home Provider and Parent affidavits are required when you reside in a place in which your name does not appear on the deed, mortgage statement, lease, or rental agreement. The affidavits and supporting documentation aide in the confirmation that you reside within the Huber Heights City School District. The affidavits of Adult Shared Residency are available at the Huber Heights City Schools Central Office located at 5954 Longford Road and on our website www.huberheightscityschools.org.

Instructions for completing this form:

- 1. These affidavits must be completed by the parent/guardian and owner/renter prior to the student(s) starting school.
2. Both parties must be present, with a photo ID, and will need to sign this form in the presence of a notary public. If a parent/guardian and student(s) are moving into a rental property that is registered in someone else's name, a statement from the apartment manager may be required. This statement would acknowledge that additional occupants are residing there and should be typed on the property owner/apartment complex's stationary.
3. Upon completion of this form, Huber Heights City Schools attendance personnel will be notified. They may contact you for a home visit of the shared residency.
4. Tuition charges may be assessed if false information is provided, herein, and student(s) will be IMMEDIATELY withdrawn. Information provided, herein, is subject to periodic review and verification of requested documentation.
5. Huber Heights City Schools reserves the right, at any time, to review and/or require the Home Provider and Parent to update the Adult Shared Residency affidavits as well as request updated supporting documentation.

I, _____, being duly sworn, certify that I am the owner/renter of the dwelling/apartment located at:

ADDRESS

[] YES or [] NO The home owner/renter of this property also lives in this home.

Home owner/renter contact phone is: _____

I further certify that the following persons actually reside at the property and to the best of my knowledge, are not maintaining a separate residence elsewhere. ALL ADULTS and CHILDREN living at the above address MUST be listed as well as their relationship to the homeowner/provider. Additional names should be listed on the reverse side.

ALL ADULTS & RELATIONSHIP TO HOME PROVIDER

ALL CHILDREN & RELATIONSHIP TO HOME PROVIDER

Blank lines for listing adults and children with their relationships to the home provider.

I will immediately notify school officials if the family changes residency.

I realize that should any of the above statements be false, I am liable for any penalties which the law provides under the criminal code.

Owner/Lessee Signature

Date

Sworn to before me and subscribed in my presence on this _____ day of _____ 20 _____

NOTARY PUBLIC
State of Ohio - County of Montgomery

COMMISSION EXPIRES