



Shared Housing Affidavit

I, \_\_\_\_\_, verify that the following person(s)  
*(Print Full Name)*

\_\_\_\_\_ live(s) with me at the following address:

\_\_\_\_\_ *(Mailing and Physical Address)*

\_\_\_\_\_ *(City)* *(State)* *(Zip)*

Initial below:

\_\_\_\_\_ I am the landowner or leaser

\_\_\_\_\_ Proofs of residency *(1 from List A & 1 from List B)* - When completing a Shared Housing Affidavit, the individual that the potential new enrollee is living with must provide the two forms of Proof of Residency.

\_\_\_\_\_ *Within 30 days, the parent/guardian of the new enrollee must provide one Proof of Residency from List B.*

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

Relationship to family: \_\_\_\_\_