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

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS:

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 _____
Beginning Date **Ending Date**

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:

Last: _____ First: _____ MI: _____

List all other persons living in the home - (Use back for additional names or plain sheet):

Last Name	First Name	Relationship to Child /Parent

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 Telephone Number

Notary: **Sworn to / before me this _____ day of _____**

_____
Notary Public

PLEASE RETURN COMPLETED FORM TO: email : registration@trumbullps.org **or mail to:**
Trumbull Board Of Education, Residency Office, 6254 Main Street, Trumbull, CT 06611

Rev. 11/23