

**HAWTHORNE BOARD OF EDUCATION**

445 Lafayette Avenue  
Hawthorne, New Jersey 07506  
Phone: 973-427-1300

**Residency Affidavit 3b  
Resident Providing Housing for Another Family**

State of New Jersey        )  
  ) ss:  
County of Passaic         )

I, \_\_\_\_\_, of full age, being duly sworn according to law, on my oath depose and say:

1. I am domiciled and reside at \_\_\_\_\_  
\_\_\_\_\_

in the Borough of Hawthorne, County of Passaic and State of New Jersey. This has been my place of domicile and residence since \_\_\_\_\_.

2. I own/rent (circle one) the premises identified above. If the premises are rented, I have attached an original or certified copy of the lease or a sworn statement from the landlord (if there is no lease) ("Residency Affidavit 1"), together with three additional forms of proof showing residence within the Hawthorne School District ("the District"). If the premises are owned, I have attached an original or certified copy of the deed or contract of sale, together with three additional forms of proof showing residence within the District.

**HAWTHORNE BOARD OF EDUCATION**

445 Lafayette Avenue  
Hawthorne, New Jersey 07506  
Phone: 973-427-1300

3. I hereby certify and declare, under penalty of law, that the following persons are in full-time residence in our home as an entire family, at no cost, for the period of \_\_\_\_\_ through \_\_\_\_\_. (This Affidavit is valid only through the current school year.)

\_\_\_\_\_  
Name Relationship (Grade if Applicable)

\_\_\_\_\_  
Name Relationship (Grade if Applicable)

\_\_\_\_\_  
Name Relationship (Grade if Applicable)

\_\_\_\_\_  
Name Relationship (Grade if Applicable)

4. \_\_\_\_\_ (the "parent(s)") and his/her/their child/children \_\_\_\_\_ (the "child/children") are residing temporarily with me in my home.

5. The parent(s) shall retain all personal obligations of the child/children relative to school requirements and shall ensure that the child/children complies with all of the policies, rules and regulations of the District and the laws of the State of New Jersey.

6. I am aware that I have the obligation to notify the Hawthorne Board of Education ("the Board") immediately if any of the above circumstances change.

# HAWTHORNE BOARD OF EDUCATION

445 Lafayette Avenue  
Hawthorne, New Jersey 07506  
Phone: 973-427-1300

7. This Affidavit is made in compliance with the provisions of N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Board to accept the child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board's reliance upon the truthfulness and accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools.

Signature(s) of Owner(s)/Renter(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number

Sworn and subscribed to before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_