Central Islip Union Free School District

SHARON A. DUNGEE, Ed.D. SUPERINTENDENT OF SCHOOLS

MATTHEW MATERA ASSISTANT SUPERINTENDENT FOR **ADMINISTRATION**

JESSICA IAFRATE ASSISTANT SUPERINTENDENT FOR **CURRICULUM AND INSTRUCTION**

SHARON MORGAN SCHOOL BUSINESS ADMINISTRATOR

Name of Landlord



BOARD OF EDUCATION LUIS ALCANTARA, President DEBRA CAVANAGH, Vice President MICHELE HARRIOTT GLENN C. MITCHELL JIM MUSUMECI RALPH DELGADO, JR. MAUREEN ESPOSITO

DENISE RIDGEWAY, District Clerk GLEN TANNENBAUM, District Treasurer

Phone: 631-348-5000 | Post Office Box 9027 Central Islip, New York 11722

LANDLORD AFFIDAVIT Tenant's First name and last name

Street Address		Street Address	
City, State, Zip code		City, State, Zip code	
Talanhanan		Talankananumban	
Telephone number		Telephone number	
	BUILDING IN	IFORMATION	
Please specify the type of I	building in which the apartm	ent is located:	
() Single Family House () T	wo Family House () Multi-Fa	amily Dwelling ()Other-Spe	cify
Please specify the terms of the		<u>FORMATION</u>	
Starting lease date:	Ending lease date:	Relation to Renter	:: () No relation () Family
List all the names of all perso Students:	ns living in this apartment or ho		
provided will be relied residency for educationa that knowingly falsifying	the OWNER of the premise upon by the Central Islip S al reasons. Furthermore, I t or misrepresenting same i ct is punishable under the	es listed above and under chool District for the purp ruly understand that this s offering a false instrume	stand that the information pose of establishing legal affidavit is a public record ent for filing, and that such
PRINT Owner's Nam		wner's Signature	Date
	One Broadway Centr	al Islin New York 117	

One Broadway Central Islip, New York 117

"Our schools should be the safe havens where all children's academic, social-emotional, and civic development are nurtured and where the pathway to achieving their American Dream begins."