

HOLLAND CENTRAL SCHOOL DISTRICT

103 Canada Street  
Holland, NY 14080

**TEMPORARY SHARED-HOUSING AFFIDAVIT**

**WARNING: It is a crime, punishable as a Class E Felony under the laws of the State of New York, for a person, in and by written instrument, to knowingly make a false statement or make a statement, which such person does not believe to be true, and with the intent to defraud a political subdivision of the state.**

STATE OF NEW YORK )  
COUNTY OF ERIE ) SS.:

**The undersigned, being duly sworn, depose and say that the following family members are applying for Shared Housing residency in the Holland Central School District, and that all information provided below is true and complete:**

Adult/Parent \_\_\_\_\_

Adult/Parent \_\_\_\_\_

Address: \_\_\_\_\_

Child(ren)/Student(s) seeking to enroll	Age	Previous School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family's Previous Address:  
\_\_\_\_\_

The reason for this shared-housing arrangement is: Please be Specific.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Resident Information:**

**Each applicant hereby certifies that he/she has no residence outside of the Holland Central School District, and the applicant and family is now or will be residing with:**

PRIMARY HOMEOWNER: \_\_\_\_\_  
OR PRIMARY RENTER \_\_\_\_\_ (print full legal name)

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NY ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**PRIMARY HOMEOWNER PLEASE ATTACH PROOF OF RESIDENCY**

This arrangement will be in effect:  Less than 6 months  6 Months + or  Until \_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(Signature of Primary Resident)\* Date

SWORN TO ME BEFORE THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_

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

\* - Homeowner or Renter

The undersigned parent/person in parental relation agrees and understands that this completed affidavit will be offered for filing by public servants employed by the Holland Central School District, and that as a political subdivision of the state, the District reports all cases of suspected fraud to the appropriate law enforcement authorities. Each of the undersigned parent/person in parental relation further understands that the District reserves the right to request additional information and to investigate the facts and circumstances involving the residency status of the family members listed above. If, after enrollment of a child, it is subsequently determined that the child is not a resident of the District for school purposes, the child will be dismissed from school, and the undersigned hereby agree to be responsible for the payment in full of the tuition charge, plus interest at the statutory judgment rate, and any other damages arising there from, including the cost incurred by the District to collect such charges, which costs shall include reasonable legal fees.

\_\_\_\_\_  
(Applicant's Signature) Date

SWORN TO ME BEFORE THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_

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