

Central Islip Union Free School District

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

LANDLORD AFFIDAVIT

Name of Landlord	Tenant's First name and last name
Street Address	Street Address
City, State, Zip code	City, State, Zip code
Telephone number	Telephone number

BUILDING INFORMATION

Please specify the type of building in which the apartment is located:

() Single Family House () Two Family House () Multi-Family Dwelling () Other-Specify _____

LEASING INFORMATION

Please specify the terms of the lease:

Starting lease date: _____ Ending lease date: _____ Relation to Renter: () No relation () Family member _

List all the names of all persons living in this apartment or house:

Students: _____

I hereby affirm that I am the OWNER of the premises listed above and understand that the information provided will be relied upon by the Central Islip School District for the purpose of establishing legal residency for educational reasons. Furthermore, I truly understand that this affidavit is a public record that knowingly falsifying or misrepresenting same is offering a false instrument for filing, and that such an act is punishable under the NYS Penal Law governing fraud.

PRINT Owner's Name

Owner's Signature

Date

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."