Administration Office • 13485 Cumberland Road • Fishers, IN 46038
Ph: 317.594.4100 • FAX: 317.594.4109 • Web site: www.hseschools.org

Affidavit of Residence

This form is a sworn statement that a student (or students) resides at an address and is to be completed when the student's parent or guardian is not the homeowner or lease holder of the residence. **This form is to be completed by the homeowner or lease holder. In order to support this residency claim, the homeowner or lease holder is required to provide copies of 2 of the following documents with this form** (please check the boxes):

☐ Driver's License or State Issued Photo ID Card
☐ Lease Agreement, Mortgage Statement, or Real Estate Warranty Deed
☐ Tax Return (W-2), Vehicle Title/Registration, Property Tax Bill
☐ Utility Bill, Payroll Stub, Bank or Credit Card Statement [dated within 30 days]

Name of Homeowner or Lease Holder :	
Street Address:	
City, State, Zip Code:	
Phone Number/Email Address:	

I acknowledge living at the address listed above as of today's date. Furthermore, I hereby attest and claim the following individual(s) reside with me as of today's date and, to my knowledge, they have no other residence:

Guardian/Parent Name:	
Guardian/Parent Name:	

Student Name:		Grade:		School:	
Student Name:		Grade:		School:	
Student Name:		Grade:		School:	
Student Name		Grade:		School:	
Student Name:		Grade:		School:	
Student Name:		Grade:		School:	

I swear and affirm under penalty of perjury that the facts set forth in this statement are true and accurate.

Signature of Homeowner or Lease Holder:	
Today's Date:	