WICKLIFFE CITY SCHOOL DISTRICT
RESIDENCE AFFIDAVIT

I, _____, certify that I am the owner of the dwelling located at:
Owner

Address_____City_____Zip Code_____Phone #_____

I, _____, certify that_____ will be a
Owner Occupant

full-time resident of the above home located within the Wickliffe City School District, along with those listed below, and does not maintain a separate residence elsewhere. Date of Occupancy_____.

This form and proof of the above residence must be provided to school officials yearly

Proof of Residency must include at least (2) two of the following for the OWNER:

1. Mortgage Statement, Purchase Agreement, Tax Bill or Current Signed Lease Agreement with beginning and ending dates listing all occupants.
2. Current Gas or Electric bill

Proof of Residency for the OCCUPANT:

A Bill or Bank Statement that comes to the occupant's name at this address.

ALL Occupants living at the above address:

_____ _____
Name Name

_____ _____
Name Name

_____ _____
Name Name

(if additional space is needed, please continue on back)

Please read each statement and place your initials to the left of the statement to indicate agreement:

____I understand that it will be my responsibility to notify the Wickliffe City School District when the above named family no longer resides in this dwelling.

____**I understand that should any of the above statements be false**, I am liable for any penalties including, but not limited to the collection of any money owed for tuition purposes for which the law provides under the pertinent criminal code, plus interest, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.

____**I am aware that any effort to circumvent the residency requirements of this school district mandated by Ohio law may result in prosecution for the theft of services, a violation of the O.R.C. 2913.02.**

____I agree to, and stipulate, that the Wickliffe City School District may use whatever legal means it has at its disposal to verify my residency, including visiting my home to ensure the family above resides at the above address.

I have read this entire document and the information provided by me on this form is true and accurate. (Please sign only in the presence of a Notary Public)

Signature of Property Owner_____ Date_____

Sworn to and subscribed before me the _____ day of _____ 20_____

Affix seal here

_____
Notary Public