

Shared Residence Affidavit

This form is to be completed if proof of residency requirements cannot be provided due to the fact that the parent/guardian and child(ren) are sharing a home with another person SEVEN DAYS A WEEK YEAR ROUND (and are not the homeowner or leaseholder)
All sections must be completed and signatures notarized. DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence of false information will result in immediate withdrawal of the student(s) from school.

To be completed by Parent(s)/Guardians:

Student: _____ Sex: M F Birth Date: _____/_____/____ Grade: _____
Last Name First Name

Student: _____ Sex: M F Birth Date: _____/_____/____ Grade: _____
Last Name First Name

(Please list additional students on a separate sheet)

Parent/Legal Guardian 1 Name: _____
Last Name First Name

Parent/Legal Guardian 2 Name: _____
Last Name First Name

Address: _____

Telephone: _____ Cell Phone: _____ Other Phone: _____

This living arrangement is: Temporary (Duration: _____) Permanent

This address listed above is my only legal residence. I understand that a person can only have one "residence" for school purposes at a time, and residency is not linked to the property the parent/guardian may own. A person's legal residence is where substantial family activity takes place (where the parent/guardian eats meals, sleeps, receives mail). I agree to notify CH-UH City Schools if there is any change in the status of my residence. I understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence.

Signature of Parent/Legal Guardian 1 OH Driver's License/ID Card Number Date

Signature of Parent/Legal Guardian 2 OH Driver's License/ID Card Number Date

TO BE COMPLETED BY HOMEOWNER:

I, _____, declare/certify that I am the primary resident/owner at
(Owner, Lease Holder, Qualified relative, Friend, Neighbor etc.)

_____ and that the above mentioned adult(s) and student(s)
(Street) (City) (Zip)
reside with me on a full time basis (seven days a week year round).

I agree to notify CH-UH City Schools if there is any change in the status of residence of the persons listed above. I understand that home visitation and/or residence verification is part of the process when residency is established by a Shared Residence Affidavit. I further agree to provide proof of my residence to CH-UH City Schools.

Signature of Primary Resident/Owner(s) OH Driver's License/ID Card Number Date

State of Ohio, County Of _____

On _____ be fo me _____, personally appeared

Name(s) of Signer(s)

Place Notary Seal below

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Ohio that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature

Signature of Notary Public