

**SAN JUAN UNIFIED SCHOOL DISTRICT**

**AFFIDAVIT OF RESIDENCY**

I, \_\_\_\_\_ DECLARE AS FOLLOWS:

1. I am the parent/guardian of \_\_\_\_\_ who is of school age and is seeking admission or continued enrollment to the San Juan Unified School District.

And:

2. I share permanent housing with \_\_\_\_\_. This residence is within the SJUSD and I plan to remain herein, but do not have utilities or the rental agreement in my name. (Owner/lessor/renter of residence must complete the attached **SHARED RESIDENCE AFFIDAVIT** and provide proof of residence.)

Or:

\* 3. Since \_\_\_\_\_, our family has not had a permanent home and we are staying temporarily with/at \_\_\_\_\_.

\* (School site is to contact Homeless Education Programs – State and Federal Programs for assistance; immediate enrollment and no proof of residence required.)

I affirm this information to be true.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verification by McKinney Homeless Liaison

\_\_\_\_\_  
Date

\* I regularly contact and can receive my mail at:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

(It is critical that school personnel be able to contact you in an emergency. Please secure a telephone number of a person most likely to be able to reach you in an emergency.)

I can be reached for emergencies at:

\_\_\_\_\_

\_\_\_\_\_

*SAN JUAN UNIFIED SCHOOL DISTRICT*

**SHARED RESIDENCE AFFIDAVIT\*\***

TO BE COMPLETED BY OWNER/LESSOR/RENTER OF RESIDENCE when sharing the residence with another family.

Name(s) of Student(s): \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Name of Owner/Lessor/Renter: \_\_\_\_\_

Address of Owner/Lessor/Renter: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Driver's license or ID # of the residence Owner/Lessor/Renter: \_\_\_\_\_

Proof of Residence (2 are required):

- Current utility bill in name of Owner/Lessor/Renter
- Grant Deed in name of Owner
- Rent receipt/lease agreement in name of Renter/Lessor
- Other: please specify \_\_\_\_\_

I am the Owner/Lessor/Renter of the residence at the above address and verify that this student and parent/guardian are both living with me full time. I declare under penalty of perjury under the laws of California that the foregoing information is true and correct.

\_\_\_\_\_  
Signature of Owner/Lessor/Renter of residence

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Print name of Owner/Lessor/Renter of residence

\_\_\_\_\_  
Date

\*\* This document is confidential: it is for use by the district as proof of residence only and may not be released to persons or agencies outside of education without parent permission, valid subpoena or court order.