

Little Falls Township Public Schools

AFFIDAVIT OF RESIDENCE – Landlord Affidavit Form

Any person with intent to defraud a School Affidavit of Residency by including any false information, or conceals information for the purpose of misleading the Little Falls Township Public School District Staff concerning any fact, thereto, commits a fraudulent act and will be subject to a penalty which may involve the legal process.

I _____ (name of landlord) agree with the statement above and take full responsibility for any information given.

I hereby certify that I am presently housing with me at

Little Falls, New Jersey, 07424

a family by the name of

consisting of the following family members:

_____	_____
_____	_____
_____	_____
_____	_____

Please place a checkmark next to the names of those members attending the Little Falls Township Public Schools.

I hereby agree to notify the Little Falls Township Public Schools immediately if there is any change in these living arrangements, especially should the above family move from my dwelling.

NAME OF LITTLE FALLS LANDLORD:

Please Print

SIGNATURE OF LANDLORD: _____

Sworn to and subscribed before me
this _____ day of _____, 20____.

Notary Public of the State of New Jersey