



# Residency Affidavit

I attest that my name is \_\_\_\_\_  
(Print Name)

I am the parent or legal guardian of the following children that live with me:

Child's Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

We live together at the following address:

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I certify under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/ or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.), that the above information is true and accurate, I also understand there must be additional supporting documentation to meet the residency requirement for my child to attend the SR or VPK Program, which includes a letter from the landlord or home owner confirming my residency at the above location.

\_\_\_\_\_  
Parent/Guardian Signature Date

### Third Party Certification – Fill this section out only if applicable.

Landlord, property owner or shelter representative must complete this section.

I, \_\_\_\_\_ am a landlord/property owner or lessee/shelter representative for the address identified in Section I above and attest that the individuals listed in Section I reside there.

I certify that the above information is true and complete to the best of my knowledge. I understand that if I give false information I may be prosecuted, imprisoned, and/or fined under law.

\_\_\_\_\_  
Third Party Signature Date

State of Florida, County \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ by

\_\_\_\_\_  
Name of person making statement

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Signature of Notary Public-State of Florida

Personally Known, -OR-

Produced Identification Type of ID Produced \_\_\_\_\_