Ichabod Crane Central School District

AFFIDAVIT OF PROPERTY OWNER/LANDLORD
IN SUPPORT OF RESIDENCY IN THE ICHABOD CRANE CENTRAL SCHOOL DISTRICT

I, _______________________________________ a property owner, landlord, or manager of the dwelling located at
(Name of Property Owner/Landlord or Property Manager)

(Street Address/Apt #)                                      (City, State, Zip)

hereby certify that I am renting space in this dwelling on a ________________ basis beginning on _______________.
(Weekly/monthly/yearly)                                                (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

• Parent/Guardian:_____________________________________________
• Parent/Guardian:_____________________________________________

Student Name: __________________________________________________    Grade:  _________
Student Name: __________________________________________________    Grade:  _________
Student Name: __________________________________________________    Grade:  _________
Student Name: __________________________________________________    Grade:  _________
Student Name: __________________________________________________    Grade:  _________

I certify that the information provided on this form is true and correct and that the statements made herein are being made
under the penalties of perjury, knowing that the Ichabod Crane Central School District will rely upon them in
determining whether the above-named child(ren) reside in the school district.

__________________________________ Sworn to before me on this
(Signature of Property Owner/Landlord or Property Manager)

___________ Day of__________________, 20_____
(print Name)

(Notary Public)
State of: __________________________
County of: _________________________

*This form is to be completed by the landlord/property owner in instances where there is no lease or rental agreement.