

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.

(Signature of Property Owner/Landlord or Property Manager)

Sworn to before me on this
_____ 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.**
AC 3/10/22