## Atlantic City Public Schools 1300 Atlantic Ave, Atlantic City, NJ 08401

Phone: (609) 343-7200 Fax: (609) 343-1415

## Residency Affidavit 1 Landlord's Affidavit (Where No Written Lease Exists)

| Stat | ce of New Jersey )  |  |  |  |  |  |
|------|---|--|--|--|--|--|
| Cour | ) ss:<br>nty of Atlantic )  |  |  |  |  |  |
| I, _ | , of full age, being duly sworn                                   |  |  |  |  |  |
| acco | ording to law, on my oath depose and say:                         |  |  |  |  |  |
| 1.   | I am the owner of property located                                |  |  |  |  |  |
|      | at in the City of Atlantic City,                                  |  |  |  |  |  |
|      | County of Atlantic, and State of New Jersey. I am attaching with  |  |  |  |  |  |
|      | this affidavit an original or certified copy of a deed or         |  |  |  |  |  |
|      | contract of sale, together with three (3) additional forms of     |  |  |  |  |  |
|      | proof showing residence within the Atlantic City Public School    |  |  |  |  |  |
|      | District (hereinafter referred to as "the District"), to          |  |  |  |  |  |
|      | demonstrate that I own the property listed above.                 |  |  |  |  |  |
| 2.   | I am renting the property to                                      |  |  |  |  |  |
|      | for a term of The tenancy commenced on                            |  |  |  |  |  |
|      | and expires on The tenant has                                     |  |  |  |  |  |
|      | child/children, named   |  |  |  |  |  |
|      | The parties have not entered into written lease for the property. |  |  |  |  |  |
| 3.   | This affidavit is submitted for the purpose of inducing the       |  |  |  |  |  |
|      | Atlantic City Board of Education (hereinafter referred to as "the |  |  |  |  |  |
|      | Board") to accept a child as a student in the District on a       |  |  |  |  |  |
|      | tuition-free basis. I state that the information contained in     |  |  |  |  |  |
|      | this Affidavit is true and accurate and acknowledge the Board's   |  |  |  |  |  |
|      | reliance upon the   |  |  |  |  |  |

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truthfulness and accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools as well as any related costs and/or fees, including attorney's fees, incurred as a result of such ineligible attendance.

| Signature(s) of Landlo |
|------------------------|
|                        |
|                        |
| Street Address         |
| City State Zip         |
| <br>Telephone Number   |

| Sworn and subso | cribed t | 0   | before | m |
|-----------------|----------|-----|--------|---|
| Thisday of _    | <b>′</b> | . 2 | 20     |   |
| Notary Public   |          |     | -      |   |
| My Commission E | Expires: |     |        |   |