



Rocky River City School District

AFFIDAVIT OF RESIDENCY

I, _____ certify that I am the
_____ Owner _____ Tenant _____ Resident of the dwelling/apartment located at _____
_____ City _____ Zip _____ Date of Occupancy _____

I, _____ certify that I am the full-time resident of the above address located within the Rocky River City School District, and do not maintain a separate primary residence elsewhere.

Residence verification, two (2) proofs, must be brought and shown to the enrollment officers. A copy will be attached to the affidavit at the time of registration. Verifications are as follows:

- **If you are the Owner** of the dwelling, any two (2) of the following original items: Tax Bill, Insurance Policy on Dwelling, Paycheck Stub with Address, Home Mortgage Coupon, Purchase/Construction Contract, Utility Bill (Gas, Electric, etc.)
- **If you are the Tenant of the dwelling**, complete an Affidavit of Residency, and provide a copy of your current signed lease agreement (a Landlord Verification may also be required) and one of the following forms of verification are required: Income Tax Return, Rental Insurance Policy on Dwelling, Paycheck Stub with Address, Utility Bill (Gas, Electric, etc.).
- **If you Reside with a resident** of Rocky River, **they** must complete an Affidavit of Residency and provide two (2) of the following (if they own the property): Tax Bill, Insurance Policy on Dwelling, Paycheck Stub with Address, Home Mortgage Coupon, Purchase/Construction Contract, Utility Bill (Gas, Electric, etc.) **OR** one of the above and a signed lease agreement (if they rent the property). **You must:** complete an Affidavit of Residency Form and provide one of the following: Insurance Statement, Paycheck Stub with Address, Utility Bill (Cable, Phone, etc.)

I, _____ further certify that this above information is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides under the criminal code and that I agree to pay the current tuition cost for each student listed below while legally attending the Rocky River City School District and understand that immediate withdrawal will occur.

List below the names of all persons residing with you at the above address:

Adults	Birthdates	Children	Birthdates

Student's Name

Your relationship to student

I have read this entire document and the information provided by me on this form is true and accurate.
Note: Only sign in the presence of a notary public if you are certifying that you are allowing the family listed above to reside with you.

Signature

Date

Phone

SWORN TO and subscribed before me this _____ day of _____ 20____.

Notary Public _____

(Affix Seal Here)