



# SHARED RESIDENCE AFFIDAVIT

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
No./Street City ZIP

Previous Address: \_\_\_\_\_  
No./Street City ZIP

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of the above-named student(s),

am sharing the residence of \_\_\_\_\_  
Name of resident you live with

located at \_\_\_\_\_  
No./Street City ZIP

I hereby certify under penalty of perjury under the laws of the state of California that the information contained herein is true and correct. I understand that falsification of any information, omission of material information, or failure to promptly file an updated version of this form upon a change of status relative to residence will result in, at a minimum, revocation of enrollment.

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

I, \_\_\_\_\_, hereby certify under penalty of perjury under the laws of the state of California that I am the legal owner/renter of the property indicated above and that all individuals named above are currently sharing my residence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Owner/Renter

Telephone Number: ( ) \_\_\_\_\_

**OFFICE USE ONLY** *(Attach copies of documents to this form)*

Approved  Denied

Employee Witness Signature \_\_\_\_\_ Date \_\_\_\_\_