

Delaware Valley School District

Office of Support Services -- 258 Route 6 & 209, Milford, Pennsylvania 18337
570-296-1883 FAX: 570-296-1818

Affidavit of OWNER/LANDLORD in support of Tenant(s) Proof of Residency

As the OWNER/LANDLORD of the premises described below, I provide this verification in satisfaction of the Proof of Residency requirement for all students enrolling in the Delaware Valley School District. The following persons reside permanently at the address indicated below.

NOTE: No student will be enrolled in any Delaware Valley School until proper Proof of Residency is accepted.

Tenants: Mr./Mrs./Ms. _____

School Age Children: _____

Tenant's Mailing Address: _____

Township of Residence (Attach copy of Current Tax Statement):

Exact location of Residence: _____

I certify that the information provided in this Affidavit is true and accurate,

Signature of Owner/Landlord

Date

Name of Owner/Landlord (Print)

Daytime Telephone Number

NOTICE: Individuals signing this form are hereby certifying that the above information is true and correct. False statements contained herein are subject to criminal prosecution under 18 P.C.S.A. Section 4904 related to unsworn falsification to authorities. Penalties for unsworn falsification to authorities include imprisonment for up to one year and fines up to \$2,500.00.