

LACKAWANNA CITY SCHOOL DISTRICT
LANDLORD/PROPERTY OWNER AFFIDAVIT OF RESIDENCY

LANDLORD/PROPERTY OWNER PLEASE READ CAREFULLY

The individual noted below is renting an apartment from (or residing with) me. I am aware that false statement(s) or the use of false documentation may result in legal action against me prosecutable to the fullest extent of the law. The Lackawanna City School District may also file claims against me to recover the amount of costs associated with the falsification of this statement which may include but is not limited to legal costs, tuition, investigative and other residency costs associated with this residency determination.

_____, will rent from me or will reside with me
(Renter's Name) (Please Circle).

at _____, in Lackawanna, New York, 14218, for the time period
(Lackawanna City School District Address)

for the time period beginning on _____ through _____.

Additionally, it is known to me that the following individuals are also residing with the above named renter

(Please Print) Landlord/Property Owner

Name: _____

Address: _____

Phone Number: _____

Landlord/Property Owner : False statements made herein are punishable as a Class 'A' Misdemeanor pursuant to section 210.45 of the New York State Penal Law

Landlord Signature: _____ Date: _____

SWORN BEFORE ME THIS _____ DAY OF _____
Notary Public, State of New York (Please Affix Stamp or Seal)

Notary Signature

My Term Expires