



OWNER/RESIDENT

Residency Affidavit I

The Milford Exempted Village School District Residency Affidavit I form must be completed if the custodial parent/guardian is living with a Milford resident and does not have a lease or mortgage in their name. This form must be completed by the owner or leaseholder of the residence. The residency affidavit must be signed and notarized in the presence of a Milford staff notary.

I, _____, being duly cautioned, certify the following:

- 1) I am the owner/renter of the residence located in the Milford Exempted Village School District:

STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER			

- 2) The following individual(s) is/are living at my above-stated residence:

NAME OF PARENT/GUARDIAN	DATE BEGAN LIVING AT ABOVE RESIDENCE	
NAME OF STUDENT	BUILDING	GRADE
NAME OF STUDENT	BUILDING	GRADE
NAME OF STUDENT	BUILDING	GRADE
NAME OF STUDENT	BUILDING	GRADE
NAME OF STUDENT	BUILDING	GRADE

I acknowledge and understand that falsification of the above information regarding legal residency and subsequent enrollment in the Milford Exempted Village School District is a theft of service. If it is determined that the above information is falsified I become responsible for tuition to the Milford Exempted Village School District and subject to criminal or civil charges which may be filed by the Milford Exempted Village School District. (ORC Section 2921.13)

I agree that the Milford Exempted Village School District, if they deem necessary, has the right to investigate my residency. I offer proof of residency by copy of one of the following: rental agreement, lease contract or utility bill.

_____ I have read and understand the consequences of falsifying residency information.
(Initials)

***** MUST BE SIGNED IN THE PRESENCE OF A MILFORD EVSD NOTARY *****

***** THIS AFFIDAVIT IS VALID FROM THIS DATE UNTIL THE FOLLOWING AUGUST 1 *****

OWNER/RESIDENT SIGNATURE: _____ DATE: _____

NOTARIZED THIS _____ DAY OF _____, 20_____ SEAL

NOTARY SIGNATURE: _____

MY COMMISSION EXPIRATION DATE: _____

SIGNATURE OF BUILDING ADMINISTRATOR DATE SIGNATURE OF SUPERINTENDENT **DESIGNEE** DATE