SAN MATEO UNION HIGH SCHOOL DISTRICT

SHARED RESIDENCY AFFIDAVIT

This document is intended to address the McKinney-Vento Homeless Assistance Act

This form is to be completed if residency requirements cannot be provided due to the fact that the parent and child(ren) are sharing a home with another person SEVEN DAYS A WEEK YEAR ROUND. This Affidavit must be re-certified annually.

All sections must be completed and signatures notarized or approved by authorized School District personnel in the District Office. DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence that false information was provided will result in immediate withdrawal of the student from school.

TO BE COMPLETED BY PARENT(S) GUARDIANS:

Student:_____ Sex: M F Birth Date:____/____/___ Grade:_____
Last Name First Name Day Month Year

Student: _____ Sex: M F Birth Date:____/____/____ Grade:_____
Last Name First Name Day Month Year

Parent(s) Name:_____ _____
Last Name First Name Last name First Name

Address:_____

Telephone:_____ Cell Phone_____ Other Phone:_____

This living arrangement is: ☐ Temporary Duration:_____ ☐ Permanent

This address listed above is my only residence. I agree to notify the San Mateo Union High School District if there is any change in the status of my residency. I understand that home visitation and/or residency verification is part of a periodic process when residency is established by an Affidavit of Shared Residency.

_____ _____ _____
Signature of Parent/Legal Court Appointed Guardian CA Driver's License/ID Card Number Date

TO BE COMPLETED BY PRIMARY RESIDENT/OWNER:

I, _____, declare/certify that I am the primary resident/owner at
(Owner, Lease Holder, or Landlord, Qualified relative, Friend, Neighbor, etc.)

_____ and that the above mentioned adult(s) and student(s) reside with
(Street) (City) (Zip Code)

me on a full time basis (seven days a week year round.)

I agree to notify the San Mateo Union High School District if there is any change in the status of the residency of the persons listed above. I understand that home visitation and/or residency verification is part of a periodic process when residency is established by a Shared Residence Affidavit. I further agree to provide proof of **my** residency to the San Mateo Union High School District.

_____ _____ _____
Signature of Primary Resident/Owner(s) CA Driver's License/ID Card Number Date

State of California

County Of_____

On_____before me,_____,
Date Here Insert Name and Title of the Officer

Personally appeared_____
Name(s) of Signer(s)

_____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature_____

Place Notary Seal Above Signature of Notary Public