

HAMILTON TOWNSHIP SCHOOL DISTRICT  
1876 Dr. Dennis Foreman Drive  
Mays Landing, NJ 08330

LIVING ARRANGEMENT AFFIDAVIT

PARENT/GUARDIAN SECTION:

\_\_\_\_\_ is the legal parent/guardian of:

Name

\_\_\_\_\_ Child(ren)'s name(s) and grade(s)

As of this date \_\_\_\_\_, we are residing in the Hamilton Township School District with

\_\_\_\_\_  
Name Address Home Phone #

1. My last permanent residence was \_\_\_\_\_
2. My child(ren) attended the \_\_\_\_\_ School District.
3. The following actions transpired which caused me to become homeless (in transition) in this district (optional):

I understand that if we move out of the Township, it is my responsibility to notify the School District or I may be liable for payment of tuition to the Board of Education. I also understand that if any statements made by me are false, that I am subject to criminal prosecution for providing false statements.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

HOMEOWNER/APARTMENT OWNER SECTION: **Proof of residency must accompany this document.**

Homeowner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

1. The parent/guardian is living with me \_\_temporarily\_\_ permanently. If temporary, do not expect the parent/guardian to find permanent housing within the next 12 months? \_ Yes \_ No
2. The parent/guardian pays for their food, clothing and supplies. \_\_Yes \_\_ No
3. The parent/guardian pays me for rent. \_\_Yes \_\_ No If yes, how much? \_\_\_\_\_
4. This is a confidential living arrangement and should not be made public. \_\_Yes \_\_No

Homeowner/Apartment Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

I have attached documentation to this Affidavit to support my claim. I am not using this new address solely to receive a free public education from the Hamilton Township School District.

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I understand that if any of the statements made by me are false that I may be held liable suit for the payments of tuition to the Hamilton Township Board of Education. I also understand that, if any of the statements made by me are false, I am subject to be criminally prosecuted for assisting in the obtaining of free public services by fraud and for providing false statements under oath.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Person with Whom Child/  
Children will be residing

\_\_\_\_\_  
Signature of Person with Whom Child/  
Children will be residing

Sworn and Subscribed before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed \_\_\_\_\_  
Notary Public