



3. RESIDENCY VERIFICATION FORM AND CHECKLIST

NAME OF STUDENT: _____

Name of Person Establishing Residency: _____

I AM THE (CHECK ONE): ___ Parent ___ Legal Guardian ___ Foster Parent
___ Relative Caregiver ___ Other: (specify) _____

CONFIDENTIAL INFORMATION

COMPLETE THIS BOX IF IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION. Your answer will assist school staff with school enrollment and may enable the student to receive additional services under the McKinney –Vento Homeless Act.

CHECK ONE BOX IF YOU ARE LIVING:

- with relatives or others **due to lack of housing**
- in a motel/hotel, camp ground, or other similar situation **due to lack of adequate housing**
- in a shelter
- at a train or bus station, park, or in a car
- in an abandoned apartment/building

IF NONE OF THESE SITUATIONS APPLY TO YOU, PLEASE CONTINUE WITH THE RESIDENCY INFORMATION REQUESTED BELOW.

RESIDENCE:

I affirm that the student(s) resides at the following street address:

Street Address: _____ Apartment Number/Unit _____

City: _____ State: _____ Zip Code: _____

FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL RELATIVE TO THIS VERIFICATION PROCEDURE WILL RESULT IN REVOCATION OF ENROLLMENT.

SIGNATURE OF PERSON ESTABLISHING

RESIDENCY: _____ **DATE:** _____

The person establishing residency must return this form with **copies of any two** of the following documents:

- Deed to Home
- Rental Agreement/Rental Receipt
- Bank Statement
- Mortgage Payment Receipts or Coupons
- Property Tax Receipt
- Driver's License (with matching address)
- Bill from Local Utility Company, Cable TV, etc.
- Military Orders (Base Housing)
- Declaration of Temporary Residency Affidavits for Homeless Families
- Any Other Legal Document which Establishes Home Address: _____

The document(s) described as checked above was presented by the person identified above, establishing residency for the student(s) listed above. The student's registration address matches the address on the residency verification documentation.

Signature of CSI staff verifying residency: _____