AFFIDAVIT OF RESIDENCY

			PLEASE NOTE: This Affidavit is to be signed by:
nis affidavit is used when the parent/leg nother person or leased to another pers arent/legal guardian name.		PROPERTY OWNER in front of a Notary Public. Thi information submitted will be verified for authenticity with the Hamilton Co. Auditor @	
			www.hamiltoncountyauditor.org/realestate
	, being duly	cautioned, do hereby swear or affi	rm the following:
I am the owner of the resid	dence at	ADDRESS OF SOUTHWEST PROPERTY	Apartment #
I live at		, ZIP CODE	
STREET A	ADDRESS, CITY, STATE	, ZIP CODE	
my home/cell phone (_)	my work/other phone ()
	•	ove address and their relationship ts within the dwelling/apartment)	to the tenant:
Names	Age	Relationship to Tenant	Previous Address
Names	Age	Relationship to Tenant	Previous Address
Names	Age	Relationship to Tenant	Previous Address
Names	Age	Relationship to Tenant	Previous Address
Names	Age	Relationship to Tenant	Previous Address
Names	Age	Relationship to Tenant	Previous Address
Names	Age	Relationship to Tenant	Previous Address
Names	Age	Relationship to Tenant	Previous Address

I acknowledge and understand that if the above information is not true and correct, that information has not been withheld, concealed or misrepresented, and that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of Ohio Revised Code Section 2921.13 (D), and 2921.21 a first degree misdemeanor, punishable by the maximum fine of \$1,000 and/or maximum term of imprisonment of six months. Further, if the student is found to not be a legal resident, the district will seek remuneration for each day the student illegally attended school in the district.

I agree that Southwest Local School District, if they deem necessary, have the right to investigate my residency. I agree to allow the release of rental information and also utility customer information to a representative of Southwest Local School District.

MUST BE SIGNED IN FRONT OF NOTARY PUBLIC

Property Owner's Name (Please Print):		-			
Property Owner's Signature:	Date:	-			
Parent/Guardian Signature:	Date:				
TO BE COMPLETED IN FRONT OF NOTARY PUBLIC					
Subscribed and sworn to (or affirmed) before me, a Notary Publi	ic of the State of Ohio, on this day of	, 20			

_, who said that he/she testifies that the above information is a true and accurate statement.

NAME OF PERSON BEFORE ME

I

In Testimony whereof, I have hereunto subscribed my name and affixed my official seal.

MY COMMISSION EXPIRES