NOTICE: This affidavit is an official government record and must be notarized prior to submission. The provision of false information in this affidavit may result in the <u>immediate</u> withdrawal of the student from school. All information is subject to verification procedures.

Full Name of Student's Parent / Legal Guardian			SHARED HOUSING AFFIDAVIT (TO BE COMPLETED BY OWNER OR RENTER OF PROPERTY)		
Full Name of Owner or Renter of Property					
Street Address of Property					
City	State	Zip			
Phone Number of Owner or Renter or Property			Email Address of Owner or Renter of Property		
I,					

4.	To the best of my knowledge, the student and student's parent or legal guardian identified above (check one):				
	□ Do not have any other home □ Spend some time in another home. Please specify/explain:				
	·				
5.	To the best of my knowledge, and barring unforeseen circumstances, the student and student's parent or legal guardian identified above plan to remain in my home (check one):				
	□ Indefinitely □ Until they secure more permanent housing □ Other. Please specify/explain:				
6.	I understand and agree that the student and student's parent or legal guardian are claiming my home as their domicile.				
7.	I certify and attest that all of the information provided in this Affidavit is true and accurate to the best of my knowledge.				
8.	I understand that the information provided in this Affidavit is subject to verification procedures and that I may be asked follow-up questions.				
	This is the day of, 20				
	Signature:				
	Printed Name: ATE OF NORTH CAROLINA AUFORT COUNTY				
tha	rtify that personally appeared before me this day, that I have seen satisfactory evidence of his/her identity, and he/she has acknowledged to me that he/she voluntarily signed the foregoing Affidavit and certified to the truth and accuracy of the information tained therein.				
Sw	orn to or affirmed before me by				
thi	s the day of, 20				
No	eary Public				
(Pr	int Notary Public Name)				
Му	Commission Expires:				