ESCAMBIA COUNTY SCHOOL DISTRICT

OWNER AFFIDAVIT

I,_____, certify that I am the owner of the home/apartment located at:

(Street Number, Name)_____(Apt, Unit, Bldg) _____

(City, State, Zip Code) _____

Please initial to the left of the applicable statement:

_____ I reside at the address with the individuals below

_____ I do NOT reside at the address with the individuals below

I understand that legal residency is determined by certain conditions, among them are current utilities, lease agreement, or mortgage statement with an address within the Escambia County School District and also, that the residence where the custodial parent sleeps must be this residence.

I further certify that the below listed tenants have established permanent/temporary residence in the aforementioned residence/apartment and, to the best of my knowledge, are not maintaining a separate residence elsewhere.

Student(s): _____

Parent(s)/Guardian(s): _____

All other residents	Relation to Student(s)

Please read each statement and then place your initials to the left of the statement:

_____I understand that it will be my responsibility to notify the **Escambia County School District (850-469-5580)** when the above named family no longer resides in the home/residence mentioned above.

_____I understand that should any of the above statements be false, I am liable for any penalties including, but not limited to, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.

_____I agree to, and stipulate, that Escambia County School District **may use whatever legal means it has at its disposal to verify residency**, including having an attendance officer (District designee) visit the address to verify residency of the family named above.

NOTE: Be sure you have read this statement carefully before you sign. **Giving false information under oath is punishable as a criminal offense** under Florida Statute 775.082 and 775.083, a misdemeanor of the first degree with a maximum fine of $1,000 and/or a jail term of one year. In cooperation with the City Prosecutors, **each violation may be thoroughly and vigorously prosecuted.**

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Owner:_____Date: _____

Phone Number: _____

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