BROWARD COUNTY PUBLIC SCHOOLS (BCPS) Head Start Program AFFIDAVIT of SHARED HOUSING

INSTRUCTIONS: The purpose of this form is to request that the following school-age child(ren), who are residing with their parent/guardian at the residential address below, be permitted to enroll in the boundaried school as long as the stated address is the bona fide legal address of the student(s) and parent/legal guardian.

Please, complete this form, sign under oath before a notary, and return it to the front office of your child(ren)'s school.

SECTION I: To be completed by the parent/guardian in a shared housing situation.					
Name of Boundaried School:					
Name of Parent/Guardian:					
Name of Student:	Date of Birth:/	/Grade:			
Name of Student:	Date of Birth:/	/Grade:			
Name of Student:	Date of Birth:/	/Grade:			
Residential Address: It is understood that: Absent an approved alternative method of assignment or annually to the school within the attendance boundaries w Two proofs of residence from Column B shall be provided	reassignment, all students which have been established	in BCPS shall be assigned			
 One proof of residence from both Columns A and B shall b If a change in the bona fide legal residence occurs, it is homeowner/lessor to notify the school within 10 business The information provided by the undersigned is accur Florida Statutes §837.06 provides that whoever It the intent to mislead a public servant in the permisdemeanor of the second degree. Florida Statutes §92.525 provides that whoeve penalties of perjury is guilty of the crime of penthird degree. Providing false information is a fraud and will reboundaried school. This document shall be renewed every quarter at schopermanent capacity, or annually at all other schools. Families who are unable to provide proof of residence of form on an annual basis. 	e provided by the homeown the responsibility of the ps days. rate. knowingly makes a false strormance of his official of the responsibility of the ps days. rate the strormance of his official of the responsibility of the responsibility of the ps days.	tatement in writing with duty shall be guilty of a false declaration under laration, a felony of the he student(s) from the at or exceeding 102% of			
Signature of Parent/Guardian Print Name of Parent/G	iuardian Tel	lephone Number			
County of Broward State of Florida I hereby certify that on this day of, 20 me and made oath that the foregoing facts are true to the best of the of perjury. Each subscriber is known to me or provided the follow My Commission Expires:	eir knowledge, information ing identification	and belief, under penalty			
Notary Signature:					

Section II: To be completed by the person who owns or leases the shared residence.							
As the homeowner or lessor of the residence listed on this form, I acknowledge that the above-named individual(s) and their school-age child(ren) are residing at this address and not for the purpose of attending the above-named boundaried school in Broward County. I agree to provide one supporting document from Column A and one from Column B from Section III below.							
Sig	nature of Homeowner/Lessor		Print Name of Homeowner/Lessor	_	Telephone Number		
County of Broward State of Florida							
I he	I hereby certify that on this day of, 20, the above subscribers personally appeared before						
	me and made oath that the foregoing facts are true to the best of their knowledge, information and belief, under penalty						
of perjury. Each subscriber is known to me or provided the following identification							
My	Commission Expires:						
Notary Signature:							
Sec	tion III: To be completed by sch	ool st	aff.				
Please identify the proofs of residence documentation provided by the:							
Homeowner/Lessor Parent/Guardian		Parent/Guardian					
	Column A		Column B		Column B		
	(Check One)		(Check One)		(Check Two)		
<u>Ц</u>	Property Tax Bill		Utility Bill		Utility Bill		
	Homestead Exemption Card		Telephone or Cellular Phone Bill		Telephone or Cellular Phone Bill		
	Deed		Homeowners or Condominium		Homeowners or Condominium		
	Mortgago Statement		Association Letter Declaration of Domicile Form		Association Letter Declaration of Domicile Form		
	Mortgage Statement				Declaration of Domiche Form		
	Home Purchase Lontract		Florida Drivers License	П	Florida Drivers License		
	Home Purchase Contract		Florida Drivers License		Florida Drivers License		
	Notarized Lease		Florida Identification Card		Florida Identification Card		
			Florida Identification Card Automobile Registration		Florida Identification Card Automobile Registration		
			Florida Identification Card		Florida Identification Card		
			Florida Identification Card Automobile Registration Automobile Insurance		Florida Identification Card Automobile Registration Automobile Insurance		
			Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement		Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement		
			Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements		Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements		
	Notarized Lease		Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements US Postal Service Change of Address Request uring registration, the family was pro-		Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements US Postal Service Change of Address Request with:		
	Notarized Lease oof of residence was not comple 30-Calendar Day Grace Period	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements US Postal Service Change of Address Request uring registration, the family was pro		Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements US Postal Service Change of Address Request		
	Notarized Lease roof of residence was not comple 30-Calendar Day Grace Period Referral to the Homeless Educ	ation	Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements US Postal Service Change of Address Request uring registration, the family was pro	Dovided	Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements US Postal Service Change of Address Request with: /20		
	Notarized Lease roof of residence was not comple 30-Calendar Day Grace Period Referral to the Homeless Educ	ation s	Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements US Postal Service Change of Address Request Juring registration, the family was pro	Dovided	Florida Identification Card Automobile Registration Automobile Insurance Credit Card Statement Bank Account Statements US Postal Service Change of Address Request with: /20		

According to the Head Start Federal Guidelines, the family participating in the Head Start Program in Broward County must live within Broward County. I understand that school officials may require verification anytime during the year and deliberate misrepresentation may result in withdrawal from the program and/or prosecution under applicable State/ Federal status.