

PISCATAWAY TOWNSHIP SCHOOLS
1515 Stelton Road P.O. Box 1332
Piscataway, New Jersey 08855
(732)-572-2289 ext. 2-2573 Fax (732)-985-2969
HOMEOWNER / TENANT AFFIDAVIT FORM

Homeowner <hr/> Name of Homeowner/Tenant <hr/> Street Address Apt# <hr/> City State Zip Code <hr/> Home Phone Cell Phone Property: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renting	Applicant Family Residing with Homeowner/Tenant <hr/> Name of Family residing with Homeowner/Tenant <hr/> Street Address Apt# <hr/> City State Zip Code <hr/> Home Phone Cell Phone
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Housing Information

Please specify the type of building in which the applicant and resident live.

Single Family House
 Three Family House
 Multiple Dwelling, No. of Apartments _____
 Two Family House
 Condominium
 Other: (Specify) _____

Please provide the following:

Relationship of family to Homeowner/Renter: No Relation Family Member(s) How many people will be living with you? _____

Does the applicant contribute to rent and utilities? NO YES If yes, how much? _____

How long do you expect the applicant's family to live with you? _____ (example – 3 weeks, 4 months, 1 year)

List the Names of People Living in the Home

Knowingly permitting your name or address to be used in the registration of a non-resident student has serious legal implications and may expose you to criminal prosecution. Submission of a fraudulent document to a government agency is punishable by jail and fines in a criminal court. In addition, a tuition judgment from a court or the Commissioner of Education may be imposed for any services secured through submission of fraudulent information.

I attest that the information is true and correct and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

		Sworn and subscribed before me
Signature of Homeowner / Tenant	Date	this _____ day of _____
Stamp and Seal Placed Here		
		Signature of Notary Public on New Jersey

Official Use Only: Request Date: _____ Received Date: _____ Requested by: _____