

**RESIDENCY FAMILY AFFIDAVIT C: MUST BE NOTARIZED**SOUTH HACKENSACK SCHOOL DISTRICT  
SOUTH HACKENSACK, NEW JERSEY 07606Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Relationship to Affiant: \_\_\_\_\_  
Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Relationship to Affiant: \_\_\_\_\_

(Family living with a South Hackensack resident, whose children will be attending South Hackensack School).

The parents of the child/children to attend school in South Hackensack must complete a residency affidavit for families who live with a South Hackensack Resident. ONE (1) current bills/statements addressed in your name to the given address (bank statement, insurance, TV/Network Carrier, credit card statement, etc.). In addition, the resident or "owner/renter" of the home must complete a Homeowner or Rental affidavit of residency form and provide a deed or lease.

**HOMEOWNER/RENTER (RESIDENT):**I, the *Homeowner/Renter*, being of full age and duly sworn according to law upon his/her oath, deposes and says:

1. The above named student(s), and parent(s), is/are living at:

\_\_\_\_\_, South Hackensack, NJ 07606.

2. I understand that if the South Hackensack School system challenges this affidavit, I have the burden of proving with credible evidence, that all statements contained in this affidavit are true, and that if the evidence does not support this affidavit, I may be responsible for the tuition costs for each day the above named student(s) attended the South Hackensack School under false pretenses.
3. I understand that in the event any of the statements in this affidavit are false, I may be found guilty in a court of law of a disorderly person's offense. I certify that the statements contained herein are true to the best of my knowledge and belief, and that if the same are proved willfully false, I am subject to the full penalty for perjury under law.

X \_\_\_\_\_  
Signature of South Hackensack HomeownerX \_\_\_\_\_  
Signature of South Hackensack Renter\_\_\_\_\_  
South Hackensack Homeowner Name\_\_\_\_\_  
South Hackensack Renter Name\_\_\_\_\_  
South Hackensack Homeowner Phone Number\_\_\_\_\_  
South Hackensack Renter Phone Number**PARENT (Required as per McKinney-Vento Act and State regulations at N.J.A.C. 6A:17)**I \_\_\_\_\_, being of full age and duly sworn according to law upon his/her oath, deposes and says:  
(Parent's Name)☐ My family and I are living at this address on a permanent basis seven days a week, twelve months per year.☐ My family and I are living at this address on a temporary basis due to (check all that apply below).☐ loss of housing ☐ economic hardship ☐ accident/illness ☐ loss of employment, ☐ loss of public benefits,

Other (explain) \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent living with a South Hackensack Resident**\*Document Cannot Be Notarized at South Hackensack Town Hall****This form must be notarized. Two (2) signatures are required above.****NOTARY:**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public of New Jersey

(Place Seal Here)