## West Windsor-Plainsboro Regional School District



321 Village Road East West Windsor, New Jersey 08550 Phone: (609) 716-5000

## **AFFIDAVIT OF SHARED RESIDENCE**

I,			certify that
I,(Name of res			
and	his/her child(	ren)	(Names of Children)
(Name of Parent)			(Names of Children)
reside with me at			without a lease.
I further certify that I reside at the same	address, and	I submit the f	ollowing proof of residency:
Copy of Deed			Copy of Lease
Signed Settlement Sta	tement		Other
	egoing state	nents made b	by me are true. I am n subject to legal action.
Date		S	ignature of District Resident
	VERIFIC	CATION	
I,	being of full avit, and that regoing state	age, and bein the foregoing ments made b	g duly sworn state that I certify that I have statements made by me in the Affidavit by me are willfully false, I am subject to
Sworn and Subscribed before me this	day	of	, 20

Notary Public

District Resident Signature