Escondido Union School District
TRANSITIONAL OR SHARED RESIDENCY AFFIDAVIT

State law *requires that all students in* ***Escondido Union School District provide proof of district residency each year*** *as part of the enrollment/registration process. Copies of documents verifying district residency are to be collected during registration and placed in the student's permanent cumulative folder on an annual basis.*

Student's Name	Student's Date of Birth	Grade	School

Parent/Guardian Name	Parent/Guardian Phone (Day) ( ) Circle: Home ☐ Work ☐
Parent/Guardian Address (mailing)	Parent/Guardian Phone (Evening) ( ) Circle: Home ☐ Work ☐
City Zip	Emergency Phone ( )

TO BE COMPLETED BY PARENT/GUARDIAN: Please check Section A OR B below:

Section A -I am the parent/guardian of this student and am now living:

☐ in an emergency shelter
☐ in a motel or hotel
☐ unsheltered (i.e.: cars, parks, garage, campgrounds)
☐ with more than one family or friends **due to loss of housing or economic hardship** **(Complete Section C below)**
☐ in a transitional shelter
☐ substandard housing
☐ foster youth awaiting placement

I would like to receive information about the following services for homeless families:

☐ School lunch ☐ Academic support ☐ Transportation to/from school
☐ Counseling ☐ Medical services ☐ Emergency food/clothing

Section B -Please check one.

☐ I am the parent/guardian of this student and am now living in none of the above. Choices in Section A do not apply.
☐ I am the parent/guardian of this student and am now living with more than one family or friends.**(Complete Section C below)**

I declare under penalty of perjury under the laws of California that the foregoing information is true and correct. I would be competent to testify thereto.

Signature of parent/guardian:_____Date_____

Section C **SHARED RESIDENCY AFFIDAVIT**

IF YOU SHARE RESIDENCY WITH SOMEONE YOU MUST COMPLETE SECTION C

TO BE COMPLETED BY OWNER/LESSOR/RENTER OF RESIDENCE:
***One proof of residency is required of the owner/lessor/renter.**

I am the owner/lessor/renter of the residence at the above address and verify that this student and parent/guardian are both living full time with me. **I declare under penalty of perjury under the laws of California that the foregoing information is true and correct.**

Owner/lessor/renter name (Please Print):_____

Signature of owner/lessor/renter:_____Date_____

NOTARY PUBLIC VERIFICATION OF SIGNATURE **State of California County of** _____

Subscribed and sworn to (or affirmed) before me this ____day of _____, 20____.

by_____ proved to me on the basis of satisfactory evidence (seal)

to be the person(s) who appeared before me.

NOTARY SIGNATURE _____

For School Office Use ONLY

FAX A COPY OF THIS FORM TO THE MCKINNEY-VENTO RESOURCE CENTER 480-9853
"Project SUCCESS"

Received by: Date:

PPR #106 Transitional/Shared Residency Affidávit