

**RED CLAY CONSOLIDATED SCHOOL DISTRICT  
AFFIDAVIT OF MULTIPLE OCCUPANCY**

I \_\_\_\_\_, am the Parent/Legal guardian of:  
Parent / Legal Guardian

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Name

My child (ren) and I reside at the address listed below with the Owner/Lessee of the property listed below:

\_\_\_\_\_  
Name of Property Owner

\_\_\_\_\_  
Street Address

(or)

\_\_\_\_\_  
Name of Lessee

\_\_\_\_\_  
City, State and Zip Code

Attached is an affidavit from the Owner/Lessee of the above address verifying our residency at the above address. I have attached a copy of at least two of the following in my name with my current address, which is listed above.

- Current automobile registration card or automobile insurance policy statement
- Renters insurance policy statement (current year)
- Most current year's tax documents
- Pay check or pay stub (dated within the past 30 days)
- Official US Postal Service change of address notification on returned mail (yellow label with new address must be attached to envelope next to the old address)
- Two consecutive bank statements (dated within the past 90 days)
- Correspondence from a DE state agency such as DHSS, DSCYF, department of Labor or DSS

I assume responsibility for notifying the school immediately when my living arrangements change.

**\*\*I understand that giving a false or otherwise untrue answer to any of the questions in this affidavit could result in a criminal charge of making a false statement (11 Delaware Code, Chapter 5, Part VI, Section 1233). I also understand that if any information I am providing proves to be incorrect, the student(s) will be withdrawn.**

*(Parents and Students who are homeless, may but are not required to compete this form. These students are protected under the McKinney Vento Act and are eligible for immediate or continued enrollment. If you are temporarily living doubled-up or you think that you are homeless, please call the district's LEA liaison as soon as possible at 302-552-3815 or the State Coordinator at 302-735-4273.)*

Sign in the Presence of a Notary Public

Signature of Parent/Legal Guardian: \_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_

\*\*\*Owner Affidavit must be attached\*\*\*

Notary Public:

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

\_\_\_\_\_  
Print Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public