Shared Residence Affidavit Packet Guidelines

- The Shared Residence Affidavit must be notarized.

- Do not sign the form until told to do so by the notary.

- Schedule and complete a home visit by a HCS employee to confirm your address and validate your enrollment status.

- All required supporting documents must be submitted along with the notarized affidavit.

- The Shared Residence Affidavit is good only for the current school year.
Shared Residence Affidavit Checklist

_____ Notarized Shared Residence Affidavit

_____ Student Residency Statement

_____ Custodial Guardian’s Driver’s License

_____ Homeowner’s Lease Agreement/Mortgage Statement/Deed or Property Tax Statement

_____ Homeowner’s Utility or Cable bill in the Homeowner’s name.

_____ Current Official Document in the Custodial Guardian’s name.

____ SSN/SNAP/TANF

_____ Car Insurance

_____ Bank Statement

_____ Pay Stub

_____ Other official document: ____________________________

_____ Home Visit Completed (Date scheduled:__________________ )
Student Residency Statement

Date: __________

Student Name: __________________________ Date of Birth: __________ Grade: ____

Please list additional school-aged children currently living with you.

Name: ___________________________ Date of Birth: __________ School: __________

Name: ___________________________ Date of Birth: __________ School: __________

Name: ___________________________ Date of Birth: __________ School: __________

Current Address: __________________________________________

________________________________________________________________________

Previous Address: __________________________________________

________________________________________________________________________

Previous School Attended: __________________________________________

Do any of these situations apply:

1. Temporarily staying with others due to loss of previous housing, economic hardship, or similar reason. (A full explanation of the situation is required to determine the appropriate enrollment steps to take.)

2. Eviction from previous housing

Date of eviction: _____________

Address of eviction: __________________________________________

Post Office Box 1256 • Huntsville, Alabama 35807-4801
(256)28-6800
www.huntsvillecityschools.org
AN EQUAL OPPORTUNITY EMPLOYER
NOTE: In accordance with HCS Board Policy, this affidavit must be completed if residency requirements cannot be provided due to the fact that the student and his/her parent(s) or legal guardian(s) are sharing a residence with another person seven days per week, year round. This affidavit must be completed annually with notarized signatures.

The Superintendent of Huntsville City Schools or his/her designee may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the student has been enrolled in Huntsville City Schools. The audit may also include a personal visit by a school district social worker or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the Superintendent discovers fraud or misrepresentation, the student shall be withdrawn from school.

Student Information

Student Name: ____________________________
Gender: ☐ Male ☐ Female  DOB: ___/___/___  Grade: ____________________________

Student Name: ____________________________
Gender: ☐ Male ☐ Female  DOB: ___/___/___  Grade: ____________________________

Student Name: ____________________________
Gender: ☐ Male ☐ Female  DOB: ___/___/___  Grade: ____________________________

Student Name: ____________________________
Gender: ☐ Male ☐ Female  DOB: ___/___/___  Grade: ____________________________

Parent/Legal Guardian Information

Parent/Legal Guardian Name: ____________________________
Parent/Legal Guardian Name: ____________________________
Address: ____________________________
City: ____________ State: AL Zip: ____________
Home Phone: _________ Work Phone: _________ Cell Phone: _________
Email: ____________

This living arrangement is (select one): ☐ Permanent  ☐ Temporary  If temporary, expected duration: _________

I affirm that the address listed above is my only residence. If there is any change to the status of my residence, I agree to notify Huntsville City Schools within seven (7) days. I additionally affirm that the contents of this affidavit are true to the best of my knowledge, information, and belief.

Signature of parent/legal guardian ____________________________ Date ____________

AA-P2-F2 Shared Residence Affidavit

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Shared Residence Affidavit

Homeowner Information

I, ________________________________

declare/certify that I am the primary resident/owner at

Full Name of Homeowner, Lease Holder, Qualified Relative, Friend, etc.

and the above-mentioned adult(s) and student(s) reside with me on a full-time basis (seven days per week, year round).

I agree to provide proof of my residence to Huntsville City Schools (refer to SS-P6-R1 HCS Enrollment Reference Guide). If there is any change in the status of residence for the above-mentioned adult(s) and student(s), I further agree to notify Huntsville City Schools within seven (7) days. I affirm that the contents of this affidavit are true to the best of my knowledge, information, and belief.

Signature of primary resident/owner

Date

Sworn to and subscribed before me this _____ day of ______________________, 20____.

Seal and signature of Notary Public

My commission expires: _________________________________

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