6C - AFFIDAVIT OF RESIDENT

This is a legal document which must be sworn to and signed in the presence of a notary public. If Applicant is married, both husband and wife must sign this Affidavit. You bear the burden to provide proof sufficient to establish the existence of a family or economic hardship which renders neither parent/guardian capable of providing support or care for the Student(s), and why the Student(s) is residing with you.

If the information provided is false, the Board of Education will seek reimbursement of tuition at a cost of approximately \$15,461.00 annually. The Board of Education may file a criminal charge against you for any willfully false statement.

STATE OF NEW JERSEY)	
: S.S. COUNTY OF UNION)	
I/We,, being of full age, being duly sworn according to law, on my oath depose and say:	
A. The following information is presented to the Board of Education in support of my application for tuition free admission of (Student(s) Name)	
B. I/We currently reside at:, Township of Union, New Jersey.	
 I/We do / do not (circle one) own this property. If I/We own this property, I/we have attached a true copy of the Deed If I/We lease the premises, I/we have attached a true copy of the Leas If I/We do not have written lease, I/we have attached a notarized 5-C Landlord Affidavit acknowledging tenancy. 	se.
If applicable, the name and address of my landlord is:	
C. School and Grade the Student(s) will attend:	

D. What school did Student(s) last attend?							
	((Name of School) (Address)		Address)			
	(City)	(State)	(Zip)	(Phone No.)		
	[Date of last atte	ndance:				
E. A	ddress a	ess at which this Student(s) is now living:					
		(No.)	(Street)				
	(Town)	(State)		(Zip Code)		
		Telephone Nun	nber:				
F. Lá	ast prior	address of Stu	dent(s):				
		(No.)	(Street)				
	(Town)	(State)		(Zip Code)		
G. V	Vith who	m does this Stu	udent(s) now	live?			
		(Last Name)			(First Name)		
	Si	nce when? _					
H. \	What rela	ation are you to	this student	?			
J Se	et forth i	n full and comp	olete detail wi	ny neithe	er parent/guardian is capable		
Ca		or providing su		-	(s), and why the Student(s) w		
	_						

TOWNSHIP OF UNION PUBLIC SCHOOLS 2369 Morris Avenue, Union, New Jersey 07083 Tel: 908.851.6400 IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

		dent's Parents:					
	(Mother's Last Name		(Firs	t Name)			
	Mother's Address	:					
		(No.)	(St	reet)			
	-	(Town)	(State)	(Zip Code)			
	(Home Phone) (Father's Last Name)		(Work Phone)	(Cell Phone)			
			(Firs	t Name)			
	Father's Address:	:					
	(N		No.) (Street)				
	-	(Town)	(State)	(Zip Code)			
	(Home Phone	e)	(Work Phone)	(Cell Phone)			
	of Legal Guardian,	if applica					
. Name	,		ble:				
. Name	(Last Name)		(First Name)				
		an:					
	(Last Name)	an:(No	(First Name)	treet)			
	(Last Name)		(First Name)	treet) (Zip Code)			

	If not, have you applied to Court? YES NO When? (Provide Proof)
	IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.
M.	The student <u>will / will not</u> be residing with me for the sole purpose of receiving a free public education in the district.
N.	Do the parent(s)/guardian(s) currently pay any of the costs of maintaining this Student(s)? YES NO
	If so, how much? \$ per week \$ per month \$ per year
	For what purpose?
	When do you expect the Student(s) to move out of your home?
	(Provide specific date)
Ο.	Have you declared this Student(s) as a dependent for Federal and State Income Tax purposes? Yes No
	For what years?
	Will you declare this Student(s) as a dependent for Federal and State Income Tax purposes during the time the Student(s) resides with you? Yes No
	If you will not declare the Student(s) as a dependent for Federal and State Income Tax purposes during the time the Student(s) resides with you, who will claim the Student?
P.	Does this Student(s) currently live with their parent(s)/guardian(s) any part of the week? Yes No If so, how many days per week?
	Does this Student(s) currently live with their parent(s)/guardian(s) any part of the month? Yes No If so, how many days per month?

	Does this Student(s) currently live with their parent(s)/guardian(s) any part of the year?						
	Yes No If so, how many days per year?						
Q .	During the school year, will this Student(s) live with their parent(s)/guardian(s) any part of the week? YES NO If so, how many days per week?						
	During the school year, will this Student(s) live with their parent(s)/guardian(s) any part of the month? YES NO If so, how many days per month?						
	During the school year, will this Student(s) live with their parent(s)/guardian(s) any part of the year? YES NO If so, how many days per year?						
	Will this Student live with their parent(s)/guardian(s) during the summer? YES NO						
₹.	Is this Student(s) a state ward? YES NO						
	State the name and address of anyone who provides any part of the Student(s) support and state the amount of such support.						
Γ.	Are this Student's expenses paid fully or in part by any charitable agency? YES NO If so, give Name and Address of Agency						
J.	I/We assume <u>all</u> personal and financial obligations for the Student(s) with respect to school requirements, and will receive no contribution or payment of any kind from the Parent(s)/Guardians(s) in connection with the support or maintenance or education of the Student(s).						
J.	I/We /are making this affidavit pursuant to N.J.S.A. 18A:38-1(b), to induce the Union Township Board of Education to accept said Student in the public schools of the District <u>free of charge</u> .						

W I/We understand that the Board of Education reserves the right to make periodic checks as to our continuing support for the Student(s) named above and their residence in our home.

In addition the Board of Education reserves the right to require additional documentation to verify the residency and dependency of the Student(s) named above. I/We agree to cooperate with any investigation by the Board of Education the facts set forth in this affidavit.

- X. The information provided in this Affidavit is accurate and complete. I/We, fully understand that I/We may be held responsible for payment of tuition in the amount of \$15,461.00 annually if the claim for school admission, free of charge, is rejected by the Commissioner of Education.
- Y. I understand that if any of the information provided above changes, for any reason, it is my responsibility to immediately notify the Superintendent of Schools of the Township of Union School District.
- Z. The above statements and attachments are true and complete. I/we know that if they are false, I/we am subject to punishment, including personal liability for the payment of tuition for the entire school year, or any portion thereof.

	(Resident's Signature)	
	(Resident's Signature)	
Sworn to and subscribed before me this day of, 20		
Notary Signature		