# Mount Union Area School District <br> 603 North Industrial Drive <br> Mount Union, PA 17066 <br> (814)542-8631 <br> Fax (814)542-8633 

## RESIDENCY AFFIDAVIT 24PS §13-1302

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law.

I/We, $\qquad$ , currently reside at
(Resident's Name)
Address $\qquad$
Twp/Boro $\qquad$
Telephone Number $\qquad$ Work Number $\qquad$
Homeowner's Verification
Homeowner's name $\qquad$ Telephone Number $\qquad$
Approval has been granted for $\qquad$ who reside(sleeps at (Childs Name)
night in this residence) with $\qquad$ , at the address identified above.
(Resident's Name)
Homeowner's signature $\qquad$ Date $\qquad$

## Landlord Verification

Landlord's name $\qquad$ Telephone Number $\qquad$
Approval has been granted for $\qquad$ who reside(sleeps at
(Childs Name)
night in this residence) with $\qquad$ , at the address identified above. (Resident's Name)

Landlord's signature $\qquad$ Date $\qquad$
Through my notarized signature, I/We grant the school district, permission to investigate the above information that I/We have presented in this affidavit for confirmation and factual accuracy.

Signed by resident(s) and notarized $\qquad$
Date $\qquad$

Any willful false statement made above shall be a misdemeanor of the third degree.

