

**EAST RAMAPO CENTRAL SCHOOL DISTRICT  
OFFICE. OF CENTRAL REGISTRATION/CENSUS  
105 South Madison Avenue, Spring Valley, NY 10977  
Phone: (845) 577-6065  
Fax: (845) 577-6188**

**If applicable**

**RESIDENCY STATEMENT/ AFFIDAVIT**

**Note: The landlord/owner and tenant/resident may, but are not required to, have this document notarized.\***

STATE OF NEW YORK)  
COUNTY OF ROCKLAND)  
TOWN OF RAMAPO

I, \_\_\_\_\_, do hereby state that \_\_\_\_\_  
(name of landlord/owner) (name of parent(s)/guardian(s))

of student(s) \_\_\_\_\_, born on \_\_\_\_\_  
\_\_\_\_\_, born on \_\_\_\_\_  
\_\_\_\_\_, born on \_\_\_\_\_  
\_\_\_\_\_, born on \_\_\_\_\_  
\_\_\_\_\_, born on \_\_\_\_\_

have taken up residence with me at \_\_\_\_\_  
\_\_\_\_\_

Apt. \_\_\_\_\_, \_\_\_\_\_, New York.

I further state that my home is the actual, sole and legal residence of the aforementioned.

\_\_\_\_\_  
Landlord/Owner Signature

\_\_\_\_\_  
Tenant/ Resident Signature

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

\* If notarized, the signer understands that to make a false statement regarding the true, actual and legal residence and living arrangements of the above family, as described in the foregoing statement is a violation of Section 210.35 of the Penal Law of the State of New York which is a Class A Misdemeanor, and may be punishable by a one thousand dollar fine and/or a year imprisonment. The District is permitted to weigh the credibility of a sworn statement differently from an unsworn statement.