



# **EAST PROVIDENCE SCHOOL DEPARTMENT**

## **Residency Affidavit-Landlord/Shared Tenancies**



**INSTRUCTIONS:** Any applicant for the East Providence Public Schools who cannot produce a property deed or lease must ask the owner of the property where the applicant lives to complete and sign this legal affidavit.

### **AFFIDAVIT**

My name is \_\_\_\_\_ and I hereby depose and certify as follows:

1. I am the owner of property located at

\_\_\_\_\_ in the City of East Providence.

2. \_\_\_\_\_, who is the parent or legal guardian of

\_\_\_\_\_ leases or subleases this property as their principal residence from me, without a lease, or in a tenancy at will, from month to month.

**I(we) acknowledge that I(we) submit this affidavit in order to establish the right of said child(ren) to attend East Providence Public Schools and that I(we) have been advised that a false affidavit submitted for this purpose is considered a fraudulent act and will result in appropriate civil and/or criminal proceedings seeking monetary damages of at least but not limited to the District's 2026-2027 SY per pupil funding rate of \$21,000.00 as well as such other penalties as may be prescribed by law.**

Signed under the pains and penalties of perjury this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_:

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

\_\_\_\_\_  
Owner's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Owner's Address



# EAST PROVIDENCE SCHOOL DEPARTMENT

## Residency Affidavit-Parents/Guardians



The undersigned, being duly sworn and under oath, hereby affirms that she(he) (they) is(are) resident(s) of the City of East Providence, Rhode Island, where she(he) (they) has(have) usual and regular place of abode at:

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(Address)

together with the following child(ren) of whom she(he) (they) is(are) either the natural parent(s), legal guardian(s), or, if neither, has(have) physical custody:

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The residence of said child(ren) with me(us) has not been established solely for the purpose of making her(him) (them) eligible for attendance at the East Providence Public Schools.

**I(we) acknowledge that I(we) submit this affidavit in order to establish the right of said child(ren) to attend East Providence Public Schools and that I(we) have been advised that a false affidavit submitted for this purpose is considered a fraudulent act and will result in appropriate civil and/or criminal proceedings seeking monetary damages of at least but not limited to the District's 2026-2027 SY per pupil funding rate of \$21,000.00 as well as such other penalties as may be prescribed by law.**

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Signature

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Name (Print)

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Relation to Student(s)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

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Notary Public

My Commission Expires: \_\_\_\_\_