

**Shared Residence Affidavit**

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help speed the process for the student.

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of the above-named student, am sharing the residence of:

	/		/	
Name of owner/lease holder		Relationship		Telephone Number

The residence I am sharing with the above-mentioned owner/lease holder is located at:  
\_\_\_\_\_

This living arrangement is: Temporary \_\_\_\_\_ Permanent \_\_\_\_\_ Duration \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature

I, \_\_\_\_\_, certify that  
(Owner, lease holder, landlord, qualified relative, friend, neighbor)

\_\_\_\_\_ and \_\_\_\_\_  
Parent/Guardian Student

are living with me at: \_\_\_\_\_  
Street Number, City, Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner/Lease Holder/