



# FREEPORT PUBLIC SCHOOLS

Central Registry Verification Office  
59 W. Seaman Avenue  
Freeport, New York 11520  
(516) 867-5254

## LANDLORD/OWNER AFFIDAVIT OF RENTAL OF RESIDENCE

STATE OF NEW YORK

COUNTY OF NASSAU

\_\_\_\_\_, attests that each of the following  
(Print name)  
statements are true:

1. I am the (owner) (landlord) (superintendent) of a (home) (apartment building) located at:

\_\_\_\_\_  
(Address)

2. The residence listed above has been leased or rented to the following:

\_\_\_\_\_  
(Name of renter(s) or lessee(s))

who have identified the following children who will also be residing at the above-named address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I understand that the statements made within this document are for the purpose of registration and/or enrollment into the Freeport Public Schools and attest to their accuracy to the best of my knowledge. I understand that verification of residence as stated herein may be conducted by the District or a third party to ensure the validity of the statements above.

\_\_\_\_\_  
Signature

Sworn to before me this

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

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