Complete this form ONLY if you are **NOT** the primary owner or lessee of the property you are residing.

MUST BE RENEWED ANNUALLY

LOOMIS UNION SCHOOL DISTRICT
AFFIDAVIT OF RESIDENCY

*IF you are **NOT** the primary owner/lessee you must complete the TOP portion of this form.

**The Owner/Lessee of the residence providing housing must fill out the BOTTOM portion of this form and include proof of residency.

***All Affidavits will be processed at the District Office.**

As parent and/or legal guardian of:

_____ _____ _____
Print Student Name Grade Date of Birth

I hereby declare under penalty of perjury that I reside with a relative and/or rent a room or residence at the following address, which is within the Loomis Union School District.

_____ _____ _____
Street Address (NO P.O. Box) City Zip Code

_____ _____
Print Parent Name Parent Signature

OWNER/LESSEE of residence providing housing:

I hereby declare under penalty of perjury that I am renting a room or providing housing for the above named individuals.

_____ _____
Print Name Signature

_____
Phone Number

**********FOR OFFICE USE ONLY**********

2 DOCUMENTS PROVIDED to VERIFY ADDRESS:

1._____

2. _____

Placer County Sheriff Home Visit

Deputy Name: _____

Date(s) of visit: _____

Verified ❑ Not Verified ❑ Staff Initials: _____