

SHARED HOUSEHOLD AFFIDAVIT

To Be Completed By Homeowner

I,Homeowner's Name (please print)		declare that I reside at the
following address		
	reet Address, City & Zip Code	,
in the county of	* Phone	
* The County must be in or contiguous to Ottawa Count	y in Michigan to be eligible.	
Thefamily sleeps, eats, and attends to its other holegal guardian(s) and school age children(s) nat	usehold-related needs at t	his address. The parent(s) or
Name of Parei	nt(s) or Legal Guardian(s)	
Name of Student (Please Print)	School	Grade
Name of Student (Please Print)	School	Grade
Name of Student (Please Print)	School	Grade
Name of Student (Please Print)	School	Grade
Signature of Home Owner or Lease-Holder		Date
*Proof Of Residency is required from the home when enrolling the above school		
No	tary Public	
Subscribed and sworn before me this	day of	, 20
Notary Public, State of Michigan – Acting in the Co		My Commission Expires