

HEATH CITY SCHOOL DISTRICT  
107 Lancaster Drive  
Heath, OH 43055  
740-522-2816

**AFFIDAVIT-Sharing Residences**  
STATE OF OHIO  
LICKING COUNTY

I, \_\_\_\_\_, being first duly cautioned, do solemnly swear or affirm the following:

1. I am the owner or renter of the residence at \_\_\_\_\_,  
\_\_\_\_\_ Street Address, Ohio, \_\_\_\_\_, located in the Heath City  
\_\_\_\_\_ City \_\_\_\_\_ Zip Code  
School District.

2. The following individual(s) \_\_\_\_\_  
\_\_\_\_\_ Name of Parent/Guardian(s)  
\_\_\_\_\_ Name of Student(s)  
Is/are living at my above stated residence and have so since the \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

3. I acknowledge and understand that if the above information is not true and correct that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of Ohio Revised Code Section 2921.13, and a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months. Furthermore, by signing this form I am accepting financial responsibility for tuition for the above named student(s) should the student reside elsewhere. The current tuition rate is \$ \_\_\_\_\_ per month per student.

I agree that the Heath City School District, if they deem necessary, has the right to investigate my residency. I agree to allow the release of rental information and/or utility customer information to a representative of the Heath City School District.

Signature of Resident of Property: \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
\_\_\_\_\_.

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