

Acceptable proof of your residence.

Two (2) separate proofs of address are required

- One (1) **Primary** Proof
- One (1) **Secondary** Proof.

One of the following *Primary Proofs*:

- Current Homestead Exemption Card
- Property Tax Statement
- Mortgage Document
- Current Lease or Rental Agreement

One of the following *Secondary Proofs*:

- Current City of Tallahassee or Talquin electric bill or Confirmation of Service Notice
- Vehicle Registration
- Government Mail, (*not a driver's license or voter's registration card*)

BOARD CHAIR
Alva Swafford Smith

BOARD VICE CHAIR
Rosanne Wood



BOARD MEMBERS
Laurie Lawson Cox
Marcus Nicolas
Darryl Jones

SUPERINTENDENT
Rocky Hanna

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Student Information

For Families Residing with a Homeowner or Renter

AFFIDAVIT OF RESIDENCY

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct. **Must complete annually.**

Student's Name _____ Date _____

Explain your current living situation: _____

Current address _____ Previous address _____

Dates from _____ to _____ Current owner/landlord/property manager name _____

Address _____ Phone Number _____

(Print parent/Guardian name)

(Parent/Guardian signature)

STATE OF FLORIDA/COUNTY OF LEON

SUBSCRIBED and SWORN before me on this day of _____, 20_____,

by _____ who () is personally known to me or () has produced a Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

Notary Public, State of Florida at Large

My Commission Number is _____

My Commission expires _____

2757 West Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 561-8980 • Fax (850) 561-8988 • lcsadmissions@leonschools.net
"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information."

Building the Future Together

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Residential Information

Homeowner's/Renter's Acknowledgement (Household Status)

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct. **Must complete annually.**

Date _____

I _____ acknowledge that _____
(owner/renter) (additional residents)

reside at _____

(Print Homeowner/Property Manager name)

(Homeowner/Property Manager signature)

Owner's Contact Address

Phone number

The Renter's Lease is: circle one
Annual OR Month-to-month

Student/Parent-Guardian: circle one
Annual OR Month-to-month

STATE OF FLORIDA/COUNTY OF LEON

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Signature of Notary

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Notary Public, State of Florida at Large

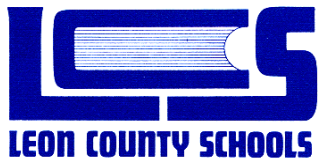
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(2)



Leon County School District

2757 West Pensacola Street * Tallahassee, FL 32304 * Phone 850-487-7226*www.leonschools.net

2023-24 Student Residency Questionnaire

Section A: Housing is Fixed, Regular, and Adequate

Please **DO NOT** complete this form, if you currently:

- Rent/own your home OR Live with someone by choice (not due to financial hardship)

Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)

Student(s) Current Nighttime Residence:

- ☐ In an emergency/transitional shelter (A)
- ☐ Temporarily with another family or other persons due to loss of housing, economic hardship, or similar reason (B)
- ☐ In a vehicle of any kind, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, bus or train station, abandoned building, public or private place not designed for or ordinarily used as a regular sleeping accommodation, or other substandard housing (D)
- ☐ In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

How long have you been at this temporary residence? _____

Cause of Temporary Residence:

- ☐ Foreclosure (M)
- ☐ Natural Disaster Type: **Circle One**
Earthquake, Flood, Hurricane, Tornado
Tropical Storm, Wildfire/Fire
- ☐ Man-made Disaster (D)
- ☐ Pandemic (P)
- ☐ Other homeless causes (N):
(Please Explain) _____

Example: Lack of affordable housing, long term poverty, unemployment, domestic violence, eviction, mental illness, lack of health care

Section C: Student Information (All LCS students including pre-school children living together as indicated above)

Student Name	Student ID#	M/F	DOB	Grade	School

Current Street Address: _____ City: _____ Zip: _____

Contact Phone Number: _____ Email: _____

Name of Parent(s) / Legal Guardian(s): _____

Section D: Unaccompanied Homeless Youth Must Complete This Section (U)

- ☐ Student is living with an adult that is not a parent or legal guardian.

Caregiver Name: _____

Relationship to student: _____ Phone: _____

- ☐ Student is living alone without an adult.

How long has the student been living alone?

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).

*****If Transportation is needed, call 850-561-8971 and check this box.**

☐

- ☐ Please check if you allow this information to be released to social service agencies for possible assistance. **Expires 6/30/24**

The undersigned certifies that the information provided is accurate.

Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth

Date

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. For questions regarding this form, please call the FIT office at 850-561-8971.