



## Residency Verification Affidavit

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 Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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 Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, live at \_\_\_\_\_  
 Name of Adult \_\_\_\_\_ Address, City, Zip Code \_\_\_\_\_

Do you:  Own your home  Rent  Other: \_\_\_\_\_

Please provide driver's license/state ID and three ORIGINAL documents from the following categories to prove you live at the address above:

Category 1 - Provide one Document	Category 2 - Provide two Documents
<ul style="list-style-type: none"> <li><input type="checkbox"/> Mortgage documents or payment book</li> <li><input type="checkbox"/> Property Tax Bill</li> <li><input type="checkbox"/> Signed lease &amp; proof of current lease payment</li> <li><input type="checkbox"/> Military housing letter</li> <li><input type="checkbox"/> Section 8 letter</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Illinois Vehicle Registration Card</li> <li><input type="checkbox"/> Illinois Department of Public Aid Card</li> <li><input type="checkbox"/> Voter Registration Card</li> <li><input type="checkbox"/> Village Sticker Receipt</li> <li><input type="checkbox"/> Utility Bills (Gas, Electric, Water/Sewer)</li> <li><input type="checkbox"/> Cable Bill</li> <li><input type="checkbox"/> Phone Bill (No Cell)</li> <li><input type="checkbox"/> Credit Card Bill</li> <li><input type="checkbox"/> Bank Statement</li> <li><input type="checkbox"/> Paycheck Stub</li> <li><input type="checkbox"/> Homeowners/Renter's Insurance Policy</li> <li><input type="checkbox"/> Change of Address from Post Office</li> <li><input type="checkbox"/> Receipt for moving van rental</li> </ul>

*Staff Reviewer must check approved verified documents and copy Driver's License/State ID*

### Residency Statement

I affirm that the information presented in this verification affidavit, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

I understand that a person who knowingly enrolls or attempts to enroll in Fox Lake GSD 114 on a tuition-free basis, a student known by that person to be as a nonresident of the District, is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

I agree to notify Fox Lake GSD 114 within five days when I change my residence or that of my student to a new address, either within or outside the District.

I understand Fox Lake GSD 114 will actively investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided including the use of private investigators to verify residency states. Verification may include home visits.

I swear (or certify) under penalty of perjury that the foregoing is true and correct, and that any and all copies of documents submitted to verify my residency are true and correct copies of the original documents, and that any and all documents submitted have not been altered except for the crossing out of dollar amounts and account number, which is permitted for the purposes of this Residency Verification Affidavit.

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 Print Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Staff Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**Printed**

- Property Tax Bill
- Copy of Driver's License/State ID

**Notes:**