NON-CUSTODIAL CHILD RESIDENCY AFFIDAVIT

To be completed by any adult household member, including emancipated minors, to affirm the residency of a 'non-custodial' minor child(ren).

TENANT/APPLICANT:		UNIT NO:	
DEVELOPMENT NAME:			
PART A: BIOLO	GICAL PARENT/GUARDIA	AN INFORMATION/ACKNOWLI	EDGMENT
Parent/Guardian Name:			
Parent/Guardian Address:			
City:		State:	Zip Code:
Phone Number:	()	Email Address:	:
Signature of Parent/Guardian:			
	PART B: NON-CUST	ODIAL CHILD(REN)	
Child (Full Legal Name):			DOB:
School:			
Child (Full Legal Name):			DOB:
School:			
Child (Full Legal Name): School:			DOB:
I do /do not receive or anticiparty source for the care of the child		Received/Anticipated Monthly A	
PA	RT C: VERIFICATION OF	RESIDENCY INFORMATION	
I hereby certify by my signature belo 50% of the time during the next 12-n list below. NOTE: Support docum	nonths. To support my statem	ted above is anticipated to reside a nent, I've attached <u>TWO ADDITION</u> of the applicant/resident <u>AND</u> the	NAL FORMS of support from the
(Check all that apply)			
☐ Court Document	☐ School Recor	d/Transcript	rvice Agency Document
☐ Federal Tax Return	☐ Medical Reco	rd 🗌 Insurance	Document
Under penalty of perjury, I certify tha I further understand that providing tinformation may result in the termina	false representations herein	n constitutes an act of fraud. F	
Tenant/ Applicant Signature		Date	