AFFIDAVIT OF RESIDENCY BY THIRD PARTY

I/We, under the pains and penalties of perjury state the following:

1.	I/We are the current owners and/or lessees of the property listed				
	atin Lowell, Massachusetts.				
2.	and his/her/their child/children, are residing with us at our home/apartment in Lowell, Massachusetts.				
3.	I/We acknowledge that the above mentioned individuals are residing in our home a minimum of five nights a week.				
4.	I/We understand that Lowell Public Schools has the right to visit our home to conduct periodic checks and to verify the ongoing residency of				
	and his/her/their child/children,at our home in Lowell, which we understand and acknowledge, can occur at any time, including nights and weekends.				
5.	I/We further understand that Lowell Public Schools can and may utilize a variety of means and/or support staff in which to verify an individual's residency e.g. correspondence, telephone calls, home visits by Attendance Officers, home visits by Student Support Services personnel, and the professional services of a private investigator.				
6.	I/We understand that Lowell Public Schools has the right to seek restitution/relief from us, on behalf of the taxpayers of the City of Lowell, if we are found to have assisted in perpetrating fraud upon the City of Lowell by misrepresenting the residency/sleeping situation of and his/her/their children at our home in Lowell, Massachusetts.				
7.	I/We understand that the City of Lowell can and will take legal action to recover the costs of educating each child listed above (which can range from \$15,000 to upwards of \$85,000 when all services and transportation are factored in) and up to and including the costs of legal action. (Page 1 of 2)				
	(Page 1 01 2)				

AFFIDAVIT OF RESIDENCY BY THIRD PARTY

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(Sig	gnature of Lowell R	Date			
	(Signature of P	Parent/Guardian)		Date	
	СОММО	NWEALTH OF	MASSACH	USETTS	
MIDDLESE	X, SS.,			, 20	
public, per proved to	sonally appeared t me through satisfa	he above named_ ctory evidence of , and wh	identification, o	the undersigned notaryand which was ce acknowledged to me	
public, per proved to	sonally appeared t me through satisfa	he above named_ ctory evidence of , and wh	identification, o	the undersigned notary and which was ce acknowledged to me	
Notary Public			Date		
My com	mission expir	es:			

(Page 2 of 2)