Saddleback Valley Unified School District

Co-Residency Affidavit Form

This Co-Residency Affidavit Form must be completed and attached to the Residency Verification Form only by those parents/guardians who share a home with another individual or family member.

*In order to validate the residency form, t	he signati	Date ure of the Pr	imary Reside	nt/Owner mus	t be
Signature of Primary Resident/Owner		Date			
Signature of Primary Resident/Owner*	_				
Executed on the date below in the County	, California.				
I certify under penalty of perjury that the	foregoing	s is true and	correct.		
I,	ne Resider rification I rmation p ent(s)/gua ification is fication Fo o notify th	ncy Verificati Form reside(rovided in the ardian(s), is to a part of a porm. I will su e Saddlebac	on Form and s) with me at le Residency varue and correperiodic procubility the requestions will be selected.	least (5) days Verification Fo ect. I understa ess to confirm uired pieces o if there is any	per per rm, and
☐ Current water bill					
☐ Current electric bill☐ Current gas bill☐					
☐ His/Her driver's license or passp☐ <u>Two</u> current utility bills to prove	-		er name and a	address	
a copy of the following items:					
The primary resident/owner of the shared		1	1		