



TOPPENISH SCHOOL DISTRICT NO.202
 306 BOLIN DR
 TOPPENISH, WA 98948
 Ph:(509) 865-4455
 Fax: (509)865-2067

VERIFICATION OF SHARED RESIDENCE

Name: _____

Street Address: _____

City, State: _____

Zip: _____

Student(s) To Be Enrolled: _____

To Whom It May Concern,

I, _____, hereby attest that I am currently living at the address stated above. I make it known that the individual known as _____ is currently residing with me, along with his/her child/children, since _____. As proof of my residence I am providing the following documentation: _____.

Furthermore, I swear and affirm under penalty of perjury that the facts set forth in this statement are true.

Sincerely,

(Landlord) _____ (Tennant) _____

WASHINGTON STATE NOTARY ACKNOWLEDGEMENT

State of Washington

County of Yakima

I certify that I have satisfactory evidence that _____ is the person who appeared before me, and said person has signed this instrument and acknowledged it to be his/her free and voluntary act.

Dated: _____

Notary Signature: _____

Title: _____

My Appointment Expires: _____