

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This questionnaire is intended to address the McKinney-Vento Assistance Act. Your answers will help determine eligibility.

Student: _____ Male ___ Female ___

Birthdate: _____ Grade: _____

1. Do you and your student live in a stable, regular and adequate nighttime residence (either your own home or a place you rent)? **Yes** ___ **No** ___

(If you circled "Yes", stop here. Sign at the bottom and return to your school site secretary. If you circled "NO", please continue with this form.)

2. Do you and the student live: (Check all that apply)

- in a shelter or other temporary housing unit
- in a motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or RV
- at a campsite
- other location _____

3. The student lives: (Check all that apply)

- with one parent
- with two parents
- with a qualified relative
- with friend(s)
- with an adult that is not the legal guardian
- alone with no adult(s)

4. I am:

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student
(Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____
Street City Zip

Mailing Address: _____
Street City Zip

Phone #1: (____) _____ Phone #2: (____) _____