

# W.E.B. Du Bois Consortium of Charter Schools

## Student Residency Questionnaire/Homeless Affidavit



This document is intended to address the McKinney-Vento Homeless Assistance Act. Your answers will help determine documents necessary to enroll the student.

Student: \_\_\_\_\_ Sex: M F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Last Name First Name Day Month Year

**Do you think the student lives in a fixed, regular adequate nighttime residency? (If "Yes" stop here. You must provide proof of homeownership or rental documents along with two current utility bills in your name as proof of residency.)**

1. I declare that my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act.

(Please check all that apply)

- Lack a fixed, regular nighttime residence, temporarily living with another family in a house, mobile home or apartment because I cannot afford housing.
- Live in a Motel/Hotel.
- Live in an emergency shelter, transitional shelter or domestic violence shelter.
- Live in a car, trailer, park or campground.
- Other location: \_\_\_\_\_

2. The student lives with:

- One Parent
- Two Parents
- Legal Guardian (Proof of Guardianship required)

3. I am:

- The parent/legal guardian of the above-named student
- Unaccompanied Youth
- Other: \_\_\_\_\_

The Consortium will actively investigate all cases where it has reason to believe false information has been provided on an affidavit; including the use of Consortium personnel to verify residency status (verification may include home visits). The Consortium may refer cases in which false information has been provided to counsel for the Consortium for further actions and/or file civil action to recover damages incurred as a result of providing false information. Investigations that reveal students have enrolled on the basis of providing false information will lead to immediate withdrawal from the school.

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

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address/Current Location: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
Street City Zip

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

FOR OFFICE USE ONLY:

SCHOOL ASSIGNED: \_\_\_\_\_