



# Affidavit of Shared Residency

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

**TO BE COMPLETED BY HOMEOWNER:**

I, \_\_\_\_\_, declare/certify that I am the primary resident/owner at the address listed below and that the above listed adult(s) and student(s) reside with me on a full-time basis (seven days a week).

Homeowner's Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby declare under penalty of perjury provided information is **true** and **correct** and understand that providing false information will be interpreted as **intentional fraud**. As the homeowner, I agree to notify the Jackson Public School District (JPSD) **within two weeks** if there is any change in the status of residence of the persons listed above. I also understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence. I further agree to provide proof of my residence to JPSD.

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Residency Proofs provided by Homeowner (Please select a required proof from two of the groups.)**

	Group I		Group II		Group III
	Mortgage Documents/Property Deed		Light Utility		Driver's License/State I.D.
	Filed Homestead Application		Gas Utility		Voter's Registration Card
	Lease/Rental Agreement		Water/Sewer Utility		Automobile Registration/Insurance
			Home Phone/Internet		Government Mailing Documentation

**TO BE COMPLETED BY ENROLLING PARENT/LEGAL GUARDIAN:**

Parent/Guardian: \_\_\_\_\_

I hereby declare under penalty of perjury that the provided information is **true** and **correct** and understand that providing false information will be interpreted as **intentional fraud**. The address listed above is my **ONLY** residence, and I hereby agree to notify Jackson Public Schools **within two weeks** if there is any change in the status of my residence. I also understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Driver's License/State I.D.		Automobile Registration/Insurance
	Voter's Registration Card		Government Mailing Documentation

**SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ 2025.**

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY and under the laws of the State of Mississippi that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

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(SIGNATURE OF NOTARY PUBLIC)**MY COMMISSION EXPIRES:** \_\_\_\_\_