



Fairview Park City School District

21620 Mastick Rd., Fairview Park, OH 44126 P: (440) 331-5500 • F: (440) 356-3545
Keith Ahearn, Superintendent • Rob Showalter, Treasurer

OWNER AFFIDAVIT

For Families Residing with Relatives or Friends O.R.C. 3313.64

I, _____, certify that I am the (circle one) Owner / Tenant of the

Home/Apartment located at _____, _____, OH _____
(Address) (City) (Zip Code)

I further certify that the below listed tenants have established permanent residence in the aforementioned residence/apartment with me and, to the best of my knowledge, are not maintaining a separate residence elsewhere. Attach a separate piece of paper, if needed.

(Adult and Relationship) (Child and Relationship)

(Adult and Relationship) (Child and Relationship)

(Adult and Relationship) (Child and Relationship)

Please read each statement and then place your initials to the left of the statement.

_____ I understand that it will be my responsibility to notify the Fairview Park City Schools Registration (440) 356-3541 when the named family no longer resides in my home/residence.

_____ I understand that should any of the above statements be false, I am liable for any penalties including, but not limited the **collection of any money owed for tuition purposes** for which the law provides under the pertinent criminal code, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.

_____ I agree to, and stipulate, that Fairview Park City Schools **name may use whatever legal means it has at its disposal to verify my residency**, including having an attendance officer visit my home to ensure that the family named above, resides at this address.



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NOTE: Be sure you have read this statement carefully before you sign. **Giving false information under oath is punishable as a criminal offense** under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor or the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the Fairview Park, **each violation may be thoroughly and vigorously prosecuted.**

(Signature of Owner/Tenant)

(Date)

(Printed Name of Owner/Tenant)

(Phone Number of Owner/Tenant)

State of Ohio)

SS)

County of Cuyahoga)

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence.

This _____ day of _____, 20_____

Notary Public _____