

**MAMARONECK UFSD - PROOF OF RESIDENCY  
LANDLORD'S (PROPERTY OWNER'S) AFFIDAVIT**

RE: \_\_\_\_\_ Family (Tenants)

FROM: \_\_\_\_\_  
 Property Owner's Name Telephone Number  
 \_\_\_\_\_  
 Property Owner's Street Address  
 \_\_\_\_\_  
 City, State, Zip

RENTAL PROPERTY: \_\_\_\_\_  
 Street Address Term of Lease: \_\_\_\_\_  
 \_\_\_\_\_ to \_\_\_\_\_  
 Start of Lease End of Lease  
 \_\_\_\_\_  
 Apartment Number Tenant's Phone Number  
 \_\_\_\_\_  
 City, State, Zip

I hereby state that the individuals listed below are my tenants at the rental property listed - list all occupants of the household:

_____	_____
Parent	Child
_____	_____
Parent	Child
_____	_____
Child	Other - Describe Relationship
_____	_____
Child	Other - Describe Relationship

The above information is requested to validate the residency of the above listed children. This information may be made available to the code enforcement officials of the Village of Mamaroneck, Village of Larchmont and/or the Town of Mamaroneck.

\_\_\_\_\_ Date Signature of Property Owner/Landlord

NOTARIZED }  
 STATE OF NEW YORK } SS.:  
 COUNTY OF WESTCHESTER }

On this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ appeared before me (Name of Landlord/Property Owner) \_\_\_\_\_ personally known to be the individual described in and who executed the foregoing instrument and he duly acknowledged to me that he executed the same.

No tary \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_