

WOODBRIDGE SCHOOL DISTRICT AFFIDAVIT OF PROPERTY OWNER / LANDLORD

	(Name of Property Owner/Lar	ndlord)	
nm the property owner of the dwelling	g located at		
	(Street Address, City, Sta	te)	
Property Owner / Telephone	hereby ce	hereby certify that I am renting this dwelling from	
	to		
(Month/Day/Year)		to	
o the following persons identified as	tenants having the right to be	occupants in the dwelling	g:
Parent/Guardian:	Parent/Guard	Parent/Guardian:	
Name of Child:			
Last		First	\overline{MI}
Name of Child: Last		First	\overline{MI}
List	all other persons residing in t	the dwelling	
Last Name	First Name	Relations	ship
Is Utility Bill included in rent: Yes	No Utility		
If Yes, a copy of the most recent Utility B	ill for the dwelling indicating Pr	operty Owner/Landlord's	name must be
submitted.			
As the Property Owner/Landlord, I certif			ing at 40 Beecher
Road, Woodbridge, CT 06525, within 10	days of termination of this tena	ncy relationship.	
I understand that a perjured or frauduler Connecticut. I also understand that this c			
(Signature of Property Owner Landlord)		(Print Name	e)