

Property/Premises Name:

Property/Premises Address:

Tenant Name:

Tenant Address:

I, hereby affirm that I own/manage the above property which is located within the boundaries of L'Anse Creuse Public School's. I affirm that the above listed premises is being rented or leased, and residing there are the adult(s) and school-age child(ren) to be enrolled in L'Anse Creuse Public Schools are listed below:

Adult 1	
Adult 2	
Child 1	
Child 2	
Child 3	

## Nature of Tenancy:

Lease	Expiration date
Month-to-month rental	Date rental began:
	Expected expiration of rental:
Other	Explain:
	Expected expiration

I understand that enrollment in L'Anse Creuse Public Schools for the child(ren) of the adult(s) identified on this form is based on my statement. If this statement is false, I understand the L'Anse Creuse Public Schools district may refer the matter to the applicable local police department and/or the Macomb County Prosecutor to pursue a claim of criminal residency fraud.

I will notify the district's Student and Information Services Coordinator (phone 586.783.6300 x1246, fax 586.307.3583 or U.S. Mail – L'Anse Creuse Public Schools, 24076 F.V. Pankow Blvd, Clinton Township MI 48036 – Attn: Student and Information Services of any change of residence of the names adult(s) and/or child(ren) within five (5) days of such change.

Printed Name of Apartment Manager	Cell Phone	Home Phone	Work Phone
	Email		
Signature of Apartment Manager	Date		