



Falsifying Residency is illegal

**DECLARATION OF RESIDENCE (DOR)  
INSTRUCTIONS**

Dear Parent or Student:

You indicated you are living in housing in which you do not have the usual verification of address. Below is the *Declaration of Residence (DOR)* for families/students in situations such as yours. This document is required for enrollment and verification of housing status.

**Section 1:**

Complete A:

- Your name and relationship to student
- Student names and information

Complete B

- Full Address
- Move in date
- Check one (1) box for *Type of Address*, & attach the *Verification* for your address

Complete C: Signature, phone, date

**Section 2: To be completed Only if you are living with others:** The Owner/Legal Tenant of the address will fill out the Affidavit at the bottom of the DOR and attach the required two (2) documents in his/her name.

Verification of Address/Housing Status:  
Student(s) \_\_\_\_\_

Sacramento City Unified School District  
**DECLARATION OF RESIDENCE (DOR)**  
Falsifying residency is illegal

Due by: \_\_\_\_\_ to:  
 Student's school  \_\_\_\_\_

**SECTION 1: Parent/Guardian- Complete A, B, & C**

A. I, (print full name) \_\_\_\_\_, am the (check one)  Parent/Legal Guardian  Non-legal guardian\*\*\* of the children below who are either currently enrolled in the following schools or are seeking enrollment in school. If seeking to enroll a child in school, I declare that we live within the Sacramento City Unified School District boundary with the intent/purpose of remaining there.  
*(\*\*\* Non-legal guardians must immediately apply for a 'Caregiver's Affidavit' & submit it with this document. Ask District staff for information.)*

List ALL of **YOUR** school-aged children(students) and their most current schools, even if they are enrolled in another school district. (PRINT)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

B. ADDRESS \_\_\_\_\_ # \_\_\_\_\_ City \_\_\_\_\_ Move-in date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**WHAT TYPE OF ADDRESS is this for the students? Check Primary/Permanent Residence OR Homeless (not both). Submit verification**

**PRIMARY/ PERMANENT RESIDENCE:** A fixed, regular, & adequate address that is a primary/permanent residence.

Check one box below. Submit verification.

Shared housing, roommates, room & board, and similar situations

Verification: The owner/legal tenant of the address must complete the "Owner/Legal Tenant Affidavit" below & attach documents.

Residential Hotel: The hotel is your long-term primary residence by choice, convenience, or as a live-in hotel employee

Verification: Hotel receipt that includes hotel name, address, phone number, and your name, current dates of stay, room number

Homeless Declaration: This Declaration and the student's homeless status expire when the student moves from the housing indicated below or on June 30<sup>th</sup> of the current school year, whichever comes first. To submit a new Declaration call 916-277-6892.

**HOMELESS:** Students lack a fixed, regular, & adequate nighttime residence, as indicated below. Similar situations may apply.

Check one box below. Submit verification

Temporarily Doubled-up: Moved in to a person's home due to a loss of housing or financial problems (eviction, job loss, etc).

Verification: The owner/ legal tenant of the address must complete the "Owner/Legal Tenant Affidavit" below & attach documents.

Hotel/motel: Living in hotel/motel due to a lack of alternative adequate accommodations. Hotel name \_\_\_\_\_

Verification: Hotel receipt that includes hotel name, address & phone number, & your name, current dates of stay, & room number.

Temporary Shelter: Name of shelter \_\_\_\_\_ ph \_\_\_\_\_

Verification: Shelter letter on letterhead with current date, address of the shelter you are staying at, family names, & move in date.

Temporarily Unsheltered: Car, park, public space, abandoned buildings, travel trailer, campground, or similar settings.

Verification: If trailer park or campground –submit a current receipt; For all others, contact Homeless Services Office, 277-6892

**The "McKinney-Vento Homeless Assistance Act: Education for Homeless Children & Youths" provides protection for students**

If unable to submit the verification at this time, please talk to district staff about verification and/or conditional enrollment options.

Unaccompanied Youth (runaways, abandoned, or not in the care of a parent/legal guardian): Contact the Homeless Program Coordinator

For information on homeless services: Monica McRho, Homeless Program Coordinator, Parker Family Resource Ctr & Homeless Services Office: 277-6892

C. I declare, under penalty of perjury under the laws of California, that all information on this form is correct. I understand that falsifying residency for attendance & enrollment is illegal and will result in immediate disenrollment.

Signature \_\_\_\_\_ Cell phone \_\_\_\_\_ Msg Ph \_\_\_\_\_ Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION 2: Complete if living with others- OWNER/LEGAL TENANT AFFIDAVIT: To be filled out by the owner/ legal tenant of address in Section 1**

I declare, under penalty of perjury under the laws of California, that the individuals listed above reside at the address indicated in Section 1, and I am the owner/ legal tenant of that address. I understand that falsifying residency for attendance & enrollment is illegal.

I have attached these 2 documents: 1) a copy of my photo ID AND 2) one document from below, in my name at the address in Section 1:

Utility bill within 30 days: SMUD,PGE,or Water  Government agency letter within 30 days  Current rental or lease agreement with landlord's information

Check or pay stub within 30 days  Current voter registration  Mortgage statement within 30 days or current property tax bill

Owner/Legal tenant full name (PRINT) \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HmPh \_\_\_\_\_ Cell \_\_\_\_\_ What is your relationship to students above:  Relative  Friend  Other: \_\_\_\_\_

**Note:** District staff may contact legal resident or visit address to verify student and parent/guardian reside at the address.

**SCHOOL DISTRICT USE ONLY:** Staff (print) \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

Verification Submitted:  Shelter Ltr.  Hotel/motel receipt  Trailer Prk/Camp receipt  Car/Street: Referred to Homeless Office

Owner/Tenant Affidavit. WITH  Photo ID  Utility bill  Govt. Ltr  Rental Agreement  Chk/pay stub  Voter Reg.  Mortgage/property tax bill

Was a "Conditional Enrollment" issued? \_\_\_ No \_\_\_ Yes (attach to DOR) **Comments:** \_\_\_\_\_

Email or send by district mail, this form and all documents to: Monica McRho, Parker Family Resource Center (9/20/17)