



# CROTON-HARMON SCHOOL DISTRICT

DISTRICT OFFICE  
10 GERSTEIN STREET  
CROTON-ON-HUDSON, NEW YORK 10520  
TEL: (914) 271-4793 FAX: (914) 271-8685

**Dr. Deborah O'Connell**  
Superintendent of Schools

**John Griffiths**  
Assistant Superintendent

## Landlord Affidavit

I, \_\_\_\_\_, hereby attest that  
\_\_\_\_\_ resides in the apartment  
located at:

\_\_\_\_\_ with  
their child(ren)

\_\_\_\_\_  
\_\_\_\_\_

The lease runs from \_\_\_\_\_ to \_\_\_\_\_.

I attest that the information provided above is accurate.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print*

\_\_\_\_\_  
*Notary Public*

**By signing this affidavit, you attest that the information you are providing is accurate. If it is determined that the information contained in your sworn affidavit is false, the Croton-Harmon School District may seek legal recourse, including but not limited to, filing a criminal complaint with the Croton-on-Hudson Police Department for filing a false document with a public entity.**