

4053 La Grande Princesse

Christiansted, St. Croix, VI 00820-4319

Phone: 340-778-1600 or 340-773-1095 Ext: 7600 Facsimile: 340-718-4494 Website: <u>www.vide.vi</u>

Email:student.services@stx.k12.vi

Regarding the Registration Application of:

	Name of Student		Name of Student	
	Name of Student		Name of Student	
		LANDLORD AFF	IDAVIT	
I, _		declare un	der penalty of perjury as follows:	
	Name of property owner/Authorized	Caretaker		
1.	I am an adult resident residing in St. Croix, United States Virgin Islands			
2.	I am over the age of twenty-one (21)			
3.	I am the legal owner or authorized by the legal owner to lease or rent the property located at the following			
	physical address:			
4.	I am currently renting or leasing the above-described property to the following persons:			
	a		 	
	b			
5. I have been renting or leasing the above-described property to the following person(·
_	TT			(State date)
6.	•	(a copy of the rent re	ceipt for the last month paid must b	e presented
	with this affidavit).			
ver the Aff ma und	rify the information stated in the best of my knowledge and fidavit or related document p try be reversed including but n	this Affidavit. I declare the belief accurate and true. brove to be false or mislead ot limited an immediate cl	ands Department of Education (VIDE) at the information provided in this I understand that should any stating, any decision made as a result of langed placement of the subject state of any changes or circumstances.	Affidavit is to tement in thi f this Affidavi ident(s). I also
	Affiant (Signature)		Print Name	
	Sworn to before me thisday of		Telephone of legal owner	
	(Notary Public)		Telephone of Authorized Careta	iker