## **CENTRAL ISLIP UNION FREE SCHOOL DISTRICT**

SHARON A. DUNGEE, Ed.D. SUPERINTENDENT OF SCHOOLS

**MATTHEW MATERA** ASSISTANT SUPERINTENDENT FOR ADMINISTRATION

JESSICA IAFRATE

ASSISTANT SUPERINTENDENT FOR CURRICULUM AND INSTRUCTION

**SHARON MORGAN** 

SCHOOL BUSINESS ADMINISTRATOR



## **BOARD OF EDUCATION**

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Phone: 631-348-5000 | Post Office Box 9027 Central Islip, New York 11722

	LANDLORD AFFIDAVIT	
Name of Landlord	Tenant's First name and last	name
Street Address	Street Address	
City, State, Zip code	City, State, Zip code	
Telephone number	Telephone number	
	BUILDING INFORMATION	
Please specify the type of building in wh	ich the apartment is located:	
( ) Single Family House ( ) Two Family	y House () Multi-Family Dwelling ()Oth	er-Specify
Please specify the terms of the lea	<u>LEASING INFORMATION</u> ase:	
Starting lease date: Ending le	ease date:	
Relation to Renter: ( )No relation ( )Fam	nily member	
List all the names of all persons living in this a Student		
relied upon by the Central Islip School Distri	premises listed above and understand that the ir ict for the purpose of establishing legal residency fidavit is a public record that knowingly falsifying	for educational reasons.
	at such an act is punishable under the NYS Penal	
PRINT <b>Owner's</b> Name	Owner's Signature	Date

One Broadway Central Islip, New York 11722 Phone: (631) 348-4196 Fax: (631) 348-4341

"Our schools should be the safe havens where all children's academic, social-emotional, and civic development are nurtured and where the pathway to achieving their American Dream begins."