

LEASE VERIFICATION FORM



Dear Residence Manager, Landlord, or Agent:

Atlanta Public Schools received a lease from the below name person(s) and they have specified you and/or your company as the present landlord. We would appreciate your response to the following questions below at your earliest convenience. If you have additional information that may help in our decision, please feel free to comment or give us a call at 404-802-\_\_\_\_\_ or email us at \_\_\_\_\_@atlantapublicschools.us

RESIDENT(S) NAME: \_\_\_\_\_

OTHER OCCUPANT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Manager, Landlord or Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_

I do hereby authorize the Manager, Landlord or Agent, to release the requested information to Atlanta Public Schools for their review. I also understand that representatives of Atlanta Public Schools may visit my home to verify residency. I understand and agree that this information may include names, addresses, or dates of birth of any/all lessees/occupants, move-in and/or move-out dates and dates of the Lease.

I certify under penalty of perjury that I am a resident of the above stated address and the information I submitted in support of my child's enrollment is complete and accurate. I understand that my child may be withdrawn from his or her assigned school if incomplete, inaccurate or false information is provided. I also understand that I must notify the school office within 10 days if my residence changes.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

=====  
**Residency Status:**

\_\_\_ Current resident                      \_\_\_ Not a current resident                      \_\_\_ Has never been a resident  
Lease Expires: \_\_\_\_\_                      Lease Expired: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (Authorized Manager, Landlord, or Agent Responding)                      Date