



Office of Human Services
1033 Cambridge Street
Camden, NJ 08105

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{c} 609-828-4621

FORM D: AFFIDAVIT OF DISPLACED STATUS {ENGLISH}

I, _____, parent **of** _____, hereby attest that I am presently
(parent/guardian's full name) (name of one school-age student/s)

homeless under the following circumstances: I lost/left my home at _____,
(full address, city, state and zip)

due to (specify reason, date, and any other relevant information; provide supporting documentation):

I am now temporarily residing **at** _____

[Enter full address, city, state, zip and room number if in a motel/hotel.
If living with a friend or relative, enter the full name of that person and
relationship (mother, brother, sister, cousin, friend, etc.)]

I want my child to attend school **at** _____ during the duration of my homelessness.
(name and address of school)

I also attest that I will always notify the CCSD Human Services Liaison of any change in my temporary address in Camden City or outside Camden City. I will also notify the CCSD Human Services Liaison if I move to a permanent address within Camden City or outside Camden City. I understand that if I fail to notify the CCSD Human Services Liaison of a change of address or if any false information is provided to the Camden City School District, either by me or the person I claim to be living with temporarily, I will face any penalties available under the law and may be charged the full amount of educational and/or transportation expenses incurred by the Camden City School District. _____(Initial)

(Name- Print)

(Signature)

(Date)

(Notary Public Signature)

(Date)