



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

Department of Education

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**Pupil Personnel Services**  
2133 Hospital Street  
Christiansted, Virgin Islands 00820

Regarding the Registration  
Application of:

**LANDLORD AFFIDAVIT**

I, \_\_\_\_\_, declare under penalty of perjury as follows:

1. I am an adult resident residing in St. Croix, U.S. 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 persons from (state date):  
\_\_\_\_\_
6. The monthly rent is: \_\_\_\_\_

\*A copy of the rent receipt for the last month paid must be presented with this affidavit.

ACKNOWLEDGEMENT: I understand that the Virgin Islands Department of Education (VIDE) may seek to verify the information stated in this Affidavit. I declare that the information provided in this Affidavit is to the best of my knowledge and belief accurate and true. I understand that should any statement in this Affidavit or related document prove to be false or misleading, any decision made as a result of this Affidavit may be reversed including but not limited an immediate changed placement of the subject student(s). I also understand that it is my responsibility to notify the VIDE of any changes or circumstances affecting this Affidavit.

\_\_\_\_\_  
Affiant (Signature)

\_\_\_\_\_  
Print Name

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)