

For Further Information Contact:

**Ohio Residency Officer**

**Voice mail:** 614-287-5533

**E-mail:** residency@csc.edu

**PLEASE PRINT CLEARLY**

I \_\_\_\_\_  Tenant  Landlord  Owner  
(Please check one)

of this address: \_\_\_\_\_  
Street Name and Number Apartment Number

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

do certify that \_\_\_\_\_ lives/lived with me  
Student Name (Please circle one)

from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ .

I provide support for this person in the form of:

Rent (amount per month): \$ \_\_\_\_\_

Room and Board

All Living Expenses

Educational Expenses

Other (please explain): \_\_\_\_\_

I Do Not Provide Financial Support

**Signature must be verified by a Notary Public and have the Notary Seal**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

The above signed has duly sworn that the information provided is true and accurate to his/her knowledge. Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Notary Seal:**

Signature of Notary: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

My commission expires on: \_\_\_\_/\_\_\_\_/\_\_\_\_

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