



LEASE VERIFICATION FORM

Dear Residence Manager, Landlord, or Agent:

Atlanta Neighborhood Charter School (ANCS) 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 contact us (contact information provided below).

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 Neighborhood Charter School (ANCS) for their review. I also understand that representatives of ANCS 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 I understand that my child may be withdrawn from his or her assigned school if incomplete, inaccurate or false information is provided.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 Lease expires: _____

_____ Not a current resident Lease expired: _____

_____ Has never been a resident

Comment: _____

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

Questions? Please reach out to us:
Ms. Kelly Dennis (Elementary Campus)
404-624-6226
kdennis@atlncs.org

Ms. Maria McFeeley (Middle Campus)
678-904-0051
mmcfeeley@atlncs.org