

**PARK RIDGE PUBLIC SCHOOLS**

85 Pascack Road  
Park Ridge, NJ 07656

Phone: 201-573-6000

**New Student Registration**

**Owner/Landlord Affidavit**

**Owner/Landlord Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Tenant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Leasing Information**

When did tenant(s) move in? \_\_\_\_\_ Relation to Renter:  None

How long is the lease agreement? \_\_\_\_\_  Family Member

Friend

Type of rental agreement:  Yearly  Month-to-Month  Rent-to-Own

**List Names of all Persons Living in the Above-Named Residence**

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

*If applicable, please read and check:*

I am aware that said leasee has additional family members residing in subject property.

I attest that to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Owner/Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
(A Notary Public of New Jersey)