

NORTH ARLINGTON PUBLIC SCHOOLS

North Arlington, NJ

www.navikings.org

Certificate of Residency Form Owner/Landlord Affidavit

Please Print

Landlord Information	Tenant Information
<u>Name of Landlord</u> ↑	<u>Name of the Family</u> ↑
<u>Street Address</u> ↑	<u>Street Address</u> ↑
<u>City</u> ↑	<u>City</u> ↑
Telephone Number(s) ↑	Telephone Number(s) ↑
Lease Information	
<i>Please specify the terms of the lease</i> Relation to Renter: ____ No Relation ____ Family Member(s) When did the tenant(s) move in? ____/____/____ How long is agreement effective? Until: ____/____/____ What kind of rental agreement? _____	
List the names of all persons living in the apartment/house: _____ _____ _____ _____	
Office Use Only	
_____ Request Date	_____ Requested By
_____ Received Date	_____ Received By

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.

Signature of Tenant

Date

Sworn and subscribed before me this
____ day of _____

Notary Public of New Jersey

Signature of Landlord

Date