

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)