MOUNT OLIVE BOARD OF EDUCATION
District Registrar's Office

Mount Olive Township Board of Education
227 US-206 Suite 10, Flanders, NJ 07836
Phone: 973-691-4008

LANDLORD SWORN AFFIDAVIT

After completing Section I, have the Landlord complete Section II, III and IV of this form. Have the form notarized and bring it to your registration appointment, along with a copy of your lease agreement. *Complete only if Applicable*.

Section I: Tenant Information (to be completed by Tenant)

Last Name:		**First Name:**	
Address:			
Phone:		**Email:**	

Section II: Landlord Information (to be completed by Landlord)

Last Name:		**First Name:**	
Address:			
Phone:		**Email:**	

Section III: Leasing Information (to be completed by Landlord)

Tenant Move-in Date:		**Least Terms/Expiration Date:**	
Type of Rental:	☐ **Yearly** ☐ **Month-to-Month** ☐ **Rent to Own**		
Does the Tenant have a written lease?		☐ **Yes** ☐ **No**	
List Names of all persons living in residence:			
1.		**6.**	
2.		**7.**	
3.		**8.**	
4.		**9.**	
5.		**10.**	

Section IV: Affidavit (to be signed by Landlord and certified by Notary)

I/We fully understand and agree that any false statements, answers, or declarations contained, in the foregoing Sworn Statement of Landlord, as well as this Certification, may subject me/us to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C: 28-2. If I/we am/are convicted for such a crime, I/we may be punished by a fine of up to $7,500.00 and/or be imprisoned for up to 18 months. This Affidavit is made specifically to induce the Mount Olive Board of Education to accept the child(ren) named herein into the Mount Olive Public Schools, without payment of tuition, knowing that the Mount Olive Board of Education will rely on the truth of the statements contained herein.

_____
Signature of the Landlord

_____
Signature of Tenant

_____
Landlord's Printed Name

_____
Date

Sworn and subscribed before me this _____ day of _____, 20_____

Seal

_____
Notary Signature