

**Carlstadt Public School
Carlstadt, New Jersey
Owner/Landlord Affidavit**

Please Print

Landlord Information			Tenant's Information		
Name of Landlord			Name of Tenant/Family		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number			Telephone Number		
Building Information					
Please specify the type of building in which the apartment is located.					
☐ Single family home	☐ Three family home	☐ Multi-dwelling, No. of apartments _____			
☐ Two family home	☐ Condominium	☐ Other _____			
Leasing Information					
Please specify the terms of the lease.					
When did the tenant(s) move in? ____/____/____			Relation to renter: ☐ No relation		
When does the agreement expire? ____/____/____			☐ Family member(s)		
☐ Month to month	☐ Year to year				
List the names of ALL persons living in the apartment/home					
Send information to			Office Use Only		
Carlstadt Board of Education Attention: Superintendent/ Registration 550 Washington Street Carlstadt, NJ 07072			Request Date _____		Received date _____
			Requested by _____		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 landlord			_____ Signature of tenant		
Sworn and subscribed before me this date ____ day of _____			____/____/____ Month/Day/Year		
_____ Notary Public of New Jersey			_____ Notary Seal		