

VERNON TOWNSHIP BOARD OF EDUCATION
P.O. Box 99
Vernon, NJ 07462

THIS AFFIDAVIT MUST BE COMPLETED BY THE OWNER OF THE RENTAL PROPERTY

SWORN STATEMENT OF LANDLORD

PLEASE PRINT

I _____ own the property located at
(Landlord's Name)

(Address)

which is rented to _____
(Tenant's Name)

The only tenants who are permitted to reside in this rental unit are:
(List each and every tenant including all children)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

The term of this lease is from _____ to _____.

This family has lived in this rental unit since _____.

I have attached a true copy of this lease if it is in written form. If it is not in written form, please check here ().

I understand that any false statements, answers, or declarations contained in this sworn statement may be subject to criminal prosecution for the crime of false swearing, in violation of N.J.S.A.2C:28-2 and if convicted I may be punished by a fine of up to \$7,500.00 and/or imprisoned for up to 18 months.

Signature of Landlord

Sworn and Subscribed

before me on this ____ day of
_____, 20 ____.
