

Livingston Public Schools

11 Foxcroft Drive
Livingston, NJ 07039

973-535-8000
www.livingston.org

**Verification of Lease/Rental Renewal
Owner/Landlord Affidavit
(for those who rent their home)**

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? _____
Current Lease Expiration? _____
Relation to Renter: None
 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

(A Notary Public of New Jersey)

Date