



State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 051
TRENTON, NJ 08625-0051

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUÁREZ
Acting Commissioner

Tenant Lease Verification Form

(This form is to be filled out only by the landlord and /or superintendent)

This is to verify that (tenant's name) _____ is residing at:

Street Address: _____ Apt. Number: _____

City, State, Zip Code _____ - _____

The number of occupants in this residence is: _____

Names of ALL members of the family living in the unit:

Rent payment amount: _____

Please verify heating arrangement:

- () Heat is including in rent, which is subsidized.
() Heat is including in rent, which is not subsidized.
() Tenant pays separate charge for heat.
() Tenant is responsible for paying his/her own heating expenses.
() Tenant pays separate charge for air conditioning.

Landlord's information:

First Name: _____ Last Name: _____

Address: _____

City, State, Zip code: _____

Phone Number: _____

Landlord/Representative Signature

Date

