



State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO Box 811
 TRENTON, NJ 08625-0811

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
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

