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

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lieutenant Governor

JACQUELYN A. SUÁREZ
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 included in the rent, which is subsidized.

( ) Heat is included in rent, which is not subsidized.

( ) Tenant pays a separate charge for heat.

( ) Tenant is responsible for paying his/her own heating expenses.

( ) Tenant pays a separate charge for air conditioning.

Landlord's information:

First Name: _____ Last Name: _____

Address: _____

City, State, Zip code: _____

Phone Number: _____

_____ _____

Landlord/Representative Signature **Date**

AHA affordable housing alliance
Hope. Strength. Community.

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DCA NJ Department of Community Affairs