



BOARD OF EDUCATION OF THE BOROUGH OF MADISON

359 Woodland Road • Madison, NJ 07940 • (973) 593-3100 • Fax (973) 301-2170

Owner/Landlord Affidavit

Please Print

Landlord Information	Tenant Information								
Name of Landlord	Name of the Family								
Street Address	Street Address Apt. No.								
City State Zip	City State Zip								
Telephone Number	Telephone Number								
Lease Information									
Please specify the terms of the lease:									
When did the tenant(s) move in? ____ / ____ / ____	Relation to Renter: <input type="checkbox"/> No Relation <input type="checkbox"/> Family Member(s)								
How long is agreement effective? Until: ____ / ____ / ____	What kind of rental agreement? _____								
List the Names of All Persons Living in the Apartment/House									
_____	_____								
_____	_____								
_____	_____								
_____	_____								
Send Information To	Office Use Only								
Madison, New Jersey 07940	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">Request Date</td> <td style="text-align: center; border: none;">Received Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">Requested By</td> <td style="text-align: center; border: none;">Received By</td> </tr> </table>	_____	_____	Request Date	Received Date	_____	_____	Requested By	Received By
_____	_____								
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_____	_____								
Requested By	Received By								

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 _____,

Notary Public of New Jersey

Signature of Tenant _____
Date

Signature of Landlord _____
Date