



State of New Jersey

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

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUÁREZ
Commissioner

Tenant Lease Verification Form

(This form is to be filled out only by the landlord 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 the heating arrangement:

- ( ) Heat is included in rent, which is subsidized.
( ) Heat is included in rent, which is not subsidized.
( ) Tenant pays separate charges for heat.
( ) The tenant is responsible for paying his/her heating expenses.
( ) The 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

