

**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
<b>Lease Information</b>	
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? _____	
<b>List the Names of All Persons Living in the Apartment/House</b>	
<div>_____ _____ _____ _____</div> <div>_____ _____ _____ _____</div>	
<b>Send Information To</b>	<b>Office Use Only</b>
Madison, New Jersey 07940	<div>_____ Request Date _____ Requested By</div> <div>_____ Received Date _____ Received By</div>

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