

NORTH ARLINGTON PUBLIC SCHOOLS

North Arlington, NJ

www.narlington.k12.nj.us

Certificate of Residency

Please Print

Landlord Information	Tenant Information
<u>Name of Landlord</u> ↑	<u>Name of the Family</u> ↑
<u>Street Address</u> ↑	<u>Street Address</u> ↑
<u>City</u> ↑	<u>City</u> ↑
Telephone Number(s) ↑	Telephone Number(s) ↑

Lease Information

Please specify the terms of the lease

Relation to Renter: ___ No Relation ___ Family Member(s)

When did the tenant(s) move in? ___/___/___

How long is agreement effective? Until: ___/___/___

What kind of rental agreement? _____

List the names of all persons living in the apartment/house:

_____	_____
_____	_____
_____	_____
_____	_____

Office Use Only

_____ Request Date	_____ Requested By	_____ Received Date	_____ Received By
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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.

Signature of Tenant

Date

Sworn and subscribed before me this
_____ day of _____

Notary Public of New Jersey

Signature of Landlord

Date