

PARAMUS PUBLIC SCHOOLS
Paramus, New Jersey

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
Paramus Board of Education Attention: 145 Spring Valley Road Paramus, New Jersey 07652	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> _____ Request Date _____ Requested By </div> <div style="text-align: center;"> _____ Received Date _____ Received By </div> </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