## AFFIDAVIT OF LANDLORD

## STATE OF NEW JERSEY COUNTY OF MIDDLESEX CITY OF PERTH AMBOY

| depo   | (Landlord's Name)<br>ses and says:  | , of full age, being sworn upon his/her oath, |
|--------|---|---|
| 1.     | I/We live at  |   |
|        | (Landlord's Address)  |   |
|        | In the City of  | , County of                                   |
|        | State of  | ·   |
| 2.     | I/We am/are the landlords(s) of property commonly known as:   |   |
|        | in the City of Perth Amboy, State of New Jersey, or am/are authorized to make these statements on behalf of the landlord;                 |   |
|        | (Name)  | (Address)                                     |
| 3.     | I acknowledge that  |   |
|        | C   | Name of Tenant(s)                             |
|        | Is/are tenant(s) of the landlords(s), he/she/they reside(s) at:   |   |
|        | In the City of Perth Amboy, State of New Jersey, and there is no written lease between  |   |
|        | the landlords(s) and the tenant(s).   |   |
| 4.     | I/We make these statements under oath and am/are aware that I/we will be subject to penalties if I make an intentionally false statement. |   |
|        |   | Landlord's Signature                          |
|        | n and subscribed to before me day of  |   |
| Notary | Public of New Jersey  |   |