



THE EWING PUBLIC SCHOOLS

OFFICE OF CENTRAL REGISTRATION

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JOHN F. GUSZ BUILDING
220 Ewingville Road, Ewing NJ 08638
Phone: 609-538-9800 Fax: 609-883-3458

LANDLORD AFFIDAVIT

After completing Section I, have the Landlord complete Section II, III and IV of this form. Have the form notarized and bring it to your registration appointment, along with a copy of your lease agreement. *Complete only if Applicable.*

Section I: Tenant Information

| | | | |
|------------|--|-------------|--|
| Last Name: | | First Name: | |
| Address: | | | |
| Phone: | | Email: | |

Section II: Landlord Information

| | | | |
|------------|--|-------------|--|
| Last Name: | | First Name: | |
| Address: | | | |
| Phone: | | Email: | |

Section III: Leasing Information

| | | | |
|--|--|-----------------------|--|
| Tenant Move-in Date: | | Length of Lease Term: | |
| Type of Rental: | <input type="checkbox"/> Yearly <input type="checkbox"/> Month-to-Month <input type="checkbox"/> Rent to Own | | |
| List Names of all persons living in residence: | | | |
| 1. | | 6. | |
| 2. | | 7. | |
| 3. | | 8. | |
| 4. | | 9. | |
| 5. | | 10. | |

Section IV: Affidavit

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 fullest extent of the law.

Signature of Landlord

Date

Sworn and subscribed before me this _____
day of _____, 20_____

Seal

Notary Signature