

TOWNSHIP OF VERONA
OWNER-OCCUPANCY AFFIDAVIT
(Landlord Identity Law – N.J.S.A. 46:8-27 through 46:8-37)

IMPORTANT THIS FORM SHALL ONLY BE COMPLETED BY THE PREMISE OWNER OR ONE OF THE PREMISE OWNERS

1. PREMISE OWNER(S) NAME(S)

2. PREMISE LOCATION

Street Address	Unit#	Phone
Essex	Township of Verona	
County	Municipality	
Block	Lot	Qualifier

Mailing Address (if different than Premise Location)

With respect to the premises listed above, please complete section 3 for Owner Occupied two family units or section 4 for Non-Owner Occupied two family units and all other residential rental properties.

3. OWNER OCCUPIED TWO FAMILY

_____ I am (the/one of the) owner(s) of record of the premise listed
 (initial) above that is a two family building (two-dwelling units) and (I/at least one owner listed above) reside(s) in one or more of the dwelling units located on the premise.

If you selected this option, please initial one (1) of the following statements.

_____ The premise owners reside in both dwelling units located
 (initial) on the premise.

-OR-

_____ The premise owners reside in one of the dwelling units on
 (initial) the premise and the other dwelling unit is rented by a tenant or offered for rent.

If you selected this option, skip number 4 (Non-Owner Occupied) and proceed to number 5 (Certification). Return this affidavit to the Township Clerk's Office.

4. NON-OWNER OCCUPIED TWO FAMILY AND ALL OTHER RESIDENTIAL RENTAL PROPERTY REGARDLESS OF THE NUMBER OF UNITS

_____ I am (the owner/one of the owners) of record of the premise listed
 (initial) above which is a residential rental property that is not an owner occupied one or two family.

If you selected this option, please complete the attached Landlord Registration Form and return the completed form with this affidavit to the Township Clerk's Office.

5. CERTIFICATION

By signing, I understand that my statements constitute representation as to your occupancy regarding the above referenced property. I certify the above declarations are true to the best of my knowledge and belief; and understand my declarations will be considered as if made under oath and subject to penalties for perjury if falsified.

 Signature of Premise Owner Completing Form Date

 Printed Name of Premise Owner Completing Form Date