



**New Jersey Department of Community Affairs
Division of Codes and Standards
Landlord-Tenant Information Service**



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Governor

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**TITLE 5. DEPARTMENT OF COMMUNITY AFFAIRS
CHAPTER 29. LANDLORD-TENANT RELATIONS
SUBCHAPTER 2. LEASE TERMINATION BECAUSE OF DISABLING
ILLNESS OR ACCIDENT**

N.J.A.C. § 5:29-2.1

February 2008

§ 5:29-2.1 Right to terminate a lease because of disabling illness or accident

(a) Pursuant to N.J.S.A. 46:8-9.2, a lease may be terminated by a tenant under either of the following circumstances:

1. A lease for a term of one or more years of a property that has been leased and used by the lessee (tenant) solely for the purpose of providing a dwelling place for him or herself, or the lessee and his or her family, may be terminated prior to the expiration date thereof if the lessee or his or her spouse, or both, suffer a disabling illness or accident, unless the terms of the lease explicitly provide otherwise.

2. A lease may be terminated at a dwelling place that is not handicapped-accessible by a lessee (tenant) or a member of his or her household who suffers a disabling illness or accident if:

i. The person who is disabled has lost the use of one or more limbs as a consequence of paralysis, amputation or other permanent disability, or is permanently disabled as to be unable to move about without the aid of an assisting device, or is otherwise limited in his or her mobility;

ii. The disability is not likely to be of a temporary nature; and

iii. The lessor (landlord) has been asked to make the dwelling unit accessible for the disabled lessee or household member at the lessor's expense and has been unable or unwilling to do so.

(b) Notice of termination shall be given by the lessee (tenant) to the lessor (landlord) on the form prescribed in either N.J.A.C. 5:29-2.2(a) or (b), whichever applies.

(c) Termination shall take effect on the 40th day following receipt by the lessor of the notice and rent shall be paid up to that date.

(d) The property shall be vacated and possession shall be given to the lessor at least five working days prior to the 40th day following receipt by the lessor of the notice.

NOTES:

HISTORY:

Amended by R.1995 d.643, effective December 18, 1995.

See: 27 New Jersey Register 3656(a), 27 New Jersey Register 5013(b).

***SOURCE:**

New Jersey Administrative Code published by the Office of Administrative Law.

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N.J.A.C. § 5:29-2.2

§ 5:29-2.2 Form of notice

- (a) A notice of lease termination given by a tenant pursuant to N.J.S.A. 46:8-9.2 in a case in which a disabling illness or accident has resulted in inability of the tenant and/or tenant's spouse to engage in gainful employment, with a consequent loss of income, shall be in the following form:

NOTICE OF LEASE TERMINATION

Name of Tenant _____

Property Address _____

Apartment Number (if applicable) _____

To the Landlord of the above dwelling unit:

This is to notify you that, in accordance with N.J.S.A. 46:8-9.2, I am terminating my tenancy as of the 40th day following your receipt of this notice by reason of:

- a disabling illness
 a disabling accident

suffered by :

- me
 my spouse
 both me and my spouse.

Date _____ Signature _____

CERTIFICATION OF TREATING PHYSICIAN

I hereby certify that I am a physician who is currently treating _____,
whom I find to be unable to continue to engage in gainful employment.

Date _____ Signature _____

PROOF OF LOSS OF INCOME AND INSUFFICIENCY OF CURRENT INCOME

STATE OF NEW JERSEY
COUNTY OF _____

_____, of full age, being duly sworn, upon his/her oath, deposes and
says:

1. As of _____, 20____, my income (including any spouse's) income was reduced from
\$ _____ per _____ to \$ _____ per _____ as a result of:

- a disabling illness
- a disabling accident

suffered by:

- me
- my spouse
- both me and my spouse.

2. The total amount of all pensions, insurance and other subsidies to which I and/or my spouse
am/are entitled is \$ _____. This amount is insufficient to supplement my/our
income, which is necessary for the payment of the rent on our dwelling unit, so that this can
be paid.

Signature _____

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

Notary Public of New Jersey

- (b) A notice of lease termination given by a tenant pursuant to N.J.S.A. 46:8-9.2 in a case in which the tenant, or a member of the tenant's household, is disabled as a result of the loss of use of one or more limbs or requires an assistive device to move about or otherwise has limited mobility, and the landlord cannot or will not make the dwelling unit handicapped-accessible at the landlord's expense, shall be in the following form:

NOTICE OF LEASE TERMINATION

Name of Tenant _____

Name of Person Giving Notice _____

(Notice may be given by the tenant, the tenant's spouse or another adult member of the tenant's household.)

Property Address _____

Apartment Number (if applicable) _____

To the Landlord of the above dwelling unit:

This is to notify you that, in accordance with N.J.S.A. 46:8-9.2, I am terminating my tenancy as of the 40th day following your receipt of this notice because, as a result of:

a disabling illness

a disabling accident

suffered by:

me

_____, a member of my household, I require a dwelling unit that is handicapped-accessible. You have been asked to make the dwelling unit handicapped-accessible but have been unable or unwilling to do so at your expense.

Date _____ Signature _____

CERTIFICATION OF TREATING PHYSICIAN

I hereby certify that I am a licensed physician, that I have examined _____, and that I have determined that he/she is handicapped and that the handicap is not likely to be of a temporary nature. By "handicapped," I mean that he/she has lost the use of one or more limbs as a consequence of paralysis, amputation or other permanent disability, or is permanently disabled as to be unable to ambulate without the aid of an assisting device, or is otherwise limited in mobility.

Date _____ Signature _____

Copies of these forms may be obtained from private sources or from:

Division of Codes and Standards
Department of Community Affairs
Office of Landlord-Tenant Information
PO Box 805
Trenton, NJ 08625-0805