



State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
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TRENTON, NJ 08625-0810

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lieutenant Governor

JACQUELYN A. SUÁREZ
Commissioner

Lead Remediation and Abatement Program (LRAP)
Tenant Lease Verification Form

(This form is to be filled out only by the landlord, superintendent and/or management company)

This is to verify that (tenant's name) _____ is residing at:

Street Address: _____ Apt. Number: _____

City, State, Zip Code: _____

Lease Start Date: _____ Lease End Date: _____

Rent Payment Amount: _____

Is the tenant current on rent payments? [] Yes [] No

Comments: _____

Property Owner's Information:

First Name: _____ Last Name: _____

Street Address: _____ Apt. Number: _____

City, State, Zip Code: _____

Phone Number: _____

Owner/Representative Signature

Date

