

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

Affidavit for Vacant Units
Multi-Family only (5 Units or More)

I _____, owner of the property located at:

Street Address: _____

City: _____ State _____

The property consists of _____ apartments and there are (is) _____ vacant unit(s).

I further state that I will rent the vacant apartment(s) to low-income tenant(s) within 180 days.

Signature of Owner or Authorized Agent

Date

Sworn to me on this _____ Day of _____, 20_____

In accordance with Chapter 2, this form is only required when Agency is using Vacant Units to deem building eligible