



# State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS  
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Governor

TAHESHA L. WAY  
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 tenant current on rent payments: YES NO

Comments: \_\_\_\_\_

Landlord's information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Landlord/Representative Signature

\_\_\_\_\_  
Date