



State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO BOX 810
 TRENTON, NJ 08625-0810

**DIVISION OF CODES AND STANDARDS
 BUREAU OF HOUSING INSPECTIONS
 OUT OF JURISDICTION**

STATE OF NEW JERSEY)

SS. _____

COUNTY OF _____)

CERTIFICATION IN LIEU OF AFFADAVIT

I, _____, am 18 years of age or older and
Name of Affiant

do solemnly affirm and say that:

- I own or exercise control over the premises located at _____
Street Name and Number
 in the Municipality of _____, County of _____
 in the State of New Jersey.
- As of this date the said premises contains no more than two dwelling units occupied or intended to be occupied by persons living independently of each other.
- I shall notify the Bureau of Housing Inspection immediately in the event that the said premises is converted at any time in the future to contain three or more units so occupied or intended to be occupied and I understand that I shall be liable to a penalty in the event that I fail to do so.
- I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Any person who violates or causes to be violated, any provisions of the Hotel and Multiple Dwelling Law, N.J.S.A. 55:13A-19(a), shall be liable to a penalty of not less than \$50 nor more than \$500 for each violation, and a penalty of not less than \$500 nor more than \$5000 for each continuing violation.

 Dated

 Signature of Affiant

 Printed Name of Affiant

 Address of Affiant

 Address of Affiant

