

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

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**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\**