



**Division of Housing
330 Passaic Street
Passaic, New Jersey 07055
Tel# 973-365-5573
Fax# 973-365-5567**

CERTIFICATION OF OWNER OF PROPERTY

_____, owner of premise located at:
(Name of Owner of Property)

_____,
(Property Address)

authorize _____ to process an application for an
Name of Tenant

Occupancy Certificate. The premise is currently/has recently been occupied as:

_____.

The premise will be occupied as:

_____.

I hereby certify that the foregoing statements made by me are true.

Signature of Owner of Property

Address of Owner of Property

Telephone Number of Owner of Property