

COMMUNITY IMPROVEMENT DIVISION WEATHERIZATION ASSISTANCE PROGRAM 317 ROSEVILLE AVENUE NEWARK, NEW JERSEY 07107 973-485-0701. FAX 973-485-7555

## **OWNER'S VACANCY AGREEMENT**

THIS FORM MUST E	BE NOTARIZED		
<u>l,</u>			_ of full age, being duly sworn,
that I am the owner o	f said premises.		
Street Address:			
City:		State:	New Jersey
The Building consist	s ofapar	tment(s) and th	nere arevacancies.
I hearby certify that said apartment(s) will be rented to a low -income person (s) witihin 180 days, who lawfully qualifies as low income eligible Weatherization tenants.			
Owners Signature:			Date:
Sworn and subscribed	before me		
This	day of	My comm	ission expires: