



Department of Human Services
Division of Rent Leveling
200 South Street, Box 914
Morristown, NJ 07960-0914

LANDLORD'S FACT SHEET

Mandatory RENT HISTORY

Rental Property Address: _____, **Morristown, NJ 07960**

(Please list all Apartments, Tenant Names and Rent paid according to Year of occupancy)

Apt.#	Tenant(s)	Rent	Year/Date

I, the owner/owner agent, hereby declare that the information contained on this form is true to the best of my knowledge and belief. I am aware that if any of the information here supplied is willfully false that I am subject to punishment according to Rent Control Ordinance, Section 164-17.

(Signature of Owner/Owner Agent)

(Date)