



Department of Human Services
Division of Rent Leveling
 200 South Street, Box 914
 Morristown, NJ 07963-0914
 Ph. (973) 292-6709, Fax (973) 267-1699

APPLICATION FOR OWNER-OCCUPANCY EXEMPTION

I (We), _____, owner(s) of _____,

Block _____, Lot _____, hereby certify that I (We) occupy as primary residence the above named premises and am the title/deed owner(s) of the dwelling. I (We) further certify that the above property contains no more than four (4) residential units. I (We) certify that I (We) moved into this dwelling on _____.

I (We) understand that in order to qualify for an Owner-Occupancy Exemption, I (We) must occupy the dwelling as primary residence for at least twelve (12) consecutive months. I (We) understand that in the event of that I (We) do not reside in this dwelling for the minimum of twelve (12) months, the rents will be rolled-back to the base rents in effect just prior to the Owner-Occupancy and the tenants shall be refunded the difference paid between the increased rent and the rolled-back rent.

I (We) certify that I (We) meet the requirements of Owner-Occupancy according to Chapter 164 of the Morristown Code, and that the information contained in the statement is true and accurate. I am (We are) aware that if any information supplied above is willfully false, I am (We are) subject to punishment by law.

PROOF OF RESIDENCY – Mandatory Attachment:

Driver's License _____	Copy of Property Deed _____	Voter Registration _____
	Utility Bill _____	Phone Bill _____

Here LIST THE NAMES OF TENANTS, APARTMENT # AND PRESENT RENT:

Apt# _____	Name(s): _____	Rent \$ _____/month
Apt# _____	Name(s): _____	Rent \$ _____/month
Apt# _____	Name(s): _____	Rent \$ _____/month
Apt# _____	Name(s): _____	Rent \$ _____/month

Property Owner Name (Please print): _____

Property Owner SIGNATURE: _____

DATE: _____ Home Telephone# (_____) _____