



Healthy Homes

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

OWNER'S VACANCY AGREEMENT

THIS FORM MUST BE NOTARIZED

I, _____ of full age, being duly sworn,

that I am the owner of said premises.

Street Address: _____

City: _____ State: New Jersey

The Building consists of _____ apartment(s) and there are _____ vacancies.

I hereby certify that said apartment(s) will be rented to a low -income person (s) within 180 days, who lawfully qualifies as low income eligible Weatherization tenants.

Owners Signature: _____ Date: _____

Sworn and subscribed before me

This _____ day of _____ My commission expires: _____