Print Form

LANDLORD AFFIDAVIT

STATE OF NEW YORK)
)ss.
COUNTY OF SUFFOLK)

Date:

To Whom It May Concern:

I ,certify that
(Name of Landlord)

and
(Name of Parent/Guardian)

reside at:
(Name of Child/Children)

City State Zip

_____
Landlords Signature

Sworn to before me on

this _____day of_____, 20 .

_____
NOTARY PUBLIC