



**Phillipsburg
Housing
Authority**

**530 HECKMAN STREET
PHILLIPSBURG, NJ 08865
(908) 859-0122 (phone)
(908) 859-1574 (fax)**

**AFFIDAVIT FOR LOCAL PREFERENCE WHEN A PERSON
IS LIVING WITH A TOWN OF PHILLIPSBURG RESIDENT**

I, _____, do swear under oath to the following:
(Name of Resident)

• I am a resident of and maintain my home in the Town of Phillipsburg, County of Warren, at
(Street Address) _____ .

• I own/rent (circle one) my home at the above address. If I am renting my home, I have either
Attached to this Affidavit a copy of my written lease or, if I do not have a written lease, I have
supplied the Landlord Affidavit confirming the fact that I am renting my home from the
Landlord.

• Mr. and/or Mrs./Ms. _____ and
their children are residing with me at the above address:

• The above named individual/family has resided in my home since _____
and will remain until _____.

• I am related to the individual(s) as follows:

• I am aware that any person who makes a false statement or permits false statements to be
Made concerning the residence for allowing non-residents to obtain local preference at the
Phillipsburg Housing Authority is committing fraud.

• I hereby authorize the Phillipsburg Housing Authority to investigate and confirm any and all
Statements made by me in this affidavit.

Signature of Resident

Date

Sworn and subscribed before me on this _____
Day of _____, 20__

A Notary Public of the State of New Jersey:

Notary Signature

My Commission Expires: _____