

# ***O.C.E.A.N., Inc.***

*Helping People. Changing Lives.*

***P.O. Box 1029 Toms River, NJ 08754-1029***

***Tel. 732-288-2618 Fax. 732-288-2619 Website: [www.oceaninc.org](http://www.oceaninc.org)***

DATE: \_\_\_\_\_

I certify the below information is accurate and the tenant currently resides in my property.

**CLIENT/TENANT NAME:**

\_\_\_\_\_

**LIST ALL OTHER OCCUPANTS ON LEASE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**RENT AMOUNT PER MONTH: \$** \_\_\_\_\_

**CERTIFIED FOR AMOUNT OWE: \$** \_\_\_\_\_

**MANAGER/OWNER MAILING ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**MANAGER/OWNER NAME:**

\_\_\_\_\_

(print)

(signature)

**ALL PAYMENTS WILL BE ISSUED WITHIN 30 DAYS UPON APPROVAL**