



TOWNSHIP OF RIVERSIDE
PO BOX 188
RIVERSIDE, NJ 08075
TEL: 856-461-1460
FAX: 856-461-3260
www.riversidetwp.org

RESALE AFFIDAVIT

I, _____, am the prospective buyer of the house and property
(please print)

located at _____, in the Township of Riverside.

I currently reside at _____.

The best phone number to contact me is _____.

I hereby attest to the following:

- 1) I have received a copy of the housing inspection performed by the authorized Housing and Resale Inspector of the Township of Riverside on _____.
- 2) I understand the noted violation(s) and accept the responsibility of all repair(s).
- 3) I do hereby assume any and all liability and/or penalty which may arise from failure to correct the violation(s).
- 4) I understand that this Resale Affidavit is not in lieu of a Certificate of Occupancy. All repairs must be completed, re-inspected, and approved by the Township Housing Inspector before the property can be occupied.

Signature: _____

Date: _____

Sworn and subscribed to before me this _____ day of _____ 20____.

**Name of Notary/Commission Expiration Date
(Affix Notary Seal Here)**