



LANDLORD REGISTRATION FORM

Date Filed: _____

Registration Type: New Renewal

Property Information		
Street Address	Block	Lot

Dwelling Unit Number	Number of Dwelling Units in the Building <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> __	Identify Each Unit Number i.e. (#1,2) (A,B,C) (1 st floor, 2 nd floor) etc.
----------------------	---	--

Owner of Property			
Name			
Address	City	State	Zip
Telephone	Cell	E-Mail	

Owner of Property is a: Corporation Partnership LLC Individual

Pursuant to state law (N.J.S.A. 46:8-28), the property owner shall supply the names and addresses of all general partners in the case of a partnership, or corporate officers in the case of a corporation. *(Attach additional pages if necessary.)*

Name	Address	Title
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Registered Agent (If owner of record is a corporation)		<input type="checkbox"/> Check here if record owner is not a corporation
Name		
Address	City	State Zip
Telephone	Cell	E-Mail

Managing Agent			<input type="checkbox"/> Check here if there is no managing agent
Name			
Address		City	State Zip
Telephone	Cell	E-Mail	

Authorized Agent (Required to be within Burlington County)			
If no owner(s) and no managing agent resides in Burlington County, in which the dwelling is located, please provide contact information for a person who resides in the county and is authorized to accept notices from a tenant, issue receipts for those notices and accept service of process on behalf of out of county record owner(s).			
Name			
Address		City	State Zip
Telephone	Cell	E-Mail	

Superintendent/Janitor/Custodian			<input type="checkbox"/> Check here if there is no Superintendent, Janitor or Custodian
Name			
Address		City	State Zip
Telephone	Cell	E-Mail	

Emergency Contact			
Individual representative of the owner or managing agent who may be reached at any time in the event of an emergency affecting the dwelling and/or unit who has authority to make emergency decisions concerning the premises including the making of repairs and expenditures. (May be Managing Agent, Authorized Agent or Superintendent.)			
Name			
Address		City	State Zip
Telephone	Cell	E-Mail	

Bank or Financial Company Holding a Mortgage		<input type="checkbox"/> Check here if there is no recorded mortgage on the property
Provide the name and address of all banks or entities who own the mortgage loan that was extended to the homeowner.		

- | | |
|----------|---------|
| Name | Address |
| 1. _____ | _____ |
| 2. _____ | _____ |

Building Heating Fuel Type		<input type="checkbox"/> Propane (complete section below)
		<input type="checkbox"/> Fuel oil (complete section below)
		<input type="checkbox"/> Fuel oil but landlord does not provide heat
		<input type="checkbox"/> Natural gas
		<input type="checkbox"/> Electricity
Name of Fuel Oil/Propane Company		Grade/Type of Fuel Oil
Address	City	State Zip

Sewer System	<input type="checkbox"/> Township Sewer	<input type="checkbox"/> Private Septic
---------------------	---	---

Water Supply	<input type="checkbox"/> Township Water	<input type="checkbox"/> Private Well
---------------------	---	---------------------------------------

Additional Items Needed	
Please indicate that each of the following is included with your registration.	
<input type="checkbox"/> Payment of registration fees \$25 Annually per rental unit	<input type="checkbox"/> Fully executed copy of lease agreement signed by all adult tenants or certification that no written lease exists
<input type="checkbox"/> Size of each room occupied for sleeping purposes and each habitable room (see sample floor plan drawing in packet).	<input type="checkbox"/> Indicate party responsible for payment of: Water & Sewer Utility: _____ Property Taxes: _____
<input type="checkbox"/> Federal Lead Based Paint Disclosure	*Only applicable for dwellings built before 1978

I certify that the above information is true and that I am the owner/landlord or I am a corporate officer, partner/manager authorized to sign the registration. I further certify that I understand pursuant to Chapter 116 of the Code of the Township of Florence, an application to renew the *Landlord Registration Form* shall be filed annually no later than January 31st and amended, as necessary, within 20 days of each change of occupancy of the rental unit.

Print Name

Date

Signature

I certify the following:

Please Initial

<p>I am the Landlord for the property located at:</p> <p>_____</p>	
<p>The dwelling complies with Chapter 116 of the Code of the Township of Florence.</p>	
<p>There is an oral/written agreement with the tenants and myself for the rental(s) at the above address.</p>	
<p>The total number of occupants living in the dwelling unit is _____.</p>	
<p>I will not authorize more than the maximum permitted tenants, which is _____, to occupy the premises. (enter # from CCO)</p>	

Date Tenancy commenced or will commence: _____

Name all tenants, including minors. Include tenant contact #. (Please PRINT clearly)

	<p>Tenant Telephone</p>

I hereby affirm that I am either the owner of the above referenced property or I am authorized to act on behalf of the owner and that all of the information contained herein is true and correct to the best of my knowledge. I certify that I am in compliance with all of the licensing requirements set forth above and understand that in the event there are any changes in ownership of this rental facility, or rental status, I am required by law to notify the Township of Florence before such change occurs.

Landlord Signature

Date



I certify that I am the responsible tenant for an apartment/home located at:

Street Address

I also certify that I will not permit more than the permitted number of tenants (_____) to occupy the premises.

Enter # from CCO

Signature of Tenant

Date

Signature of Landlord / Authorized Agent

Date

.....

MUNICIPAL USE ONLY:

Annual Landlord Registration Fee: \$25 per unit

Certificate # _____

Amount Paid: _____

Cash: _____

Check #: _____

Credit Card: _____

Received By: _____

RECEIVED:

SAMPLE

