

LANDLORD IDENTITY REGISTRATION STATEMENT

One and Two Unit Non-Owner Occupied Rental Dwellings

\$100 Application Fee

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	Identify Each Unit Number
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Owner of Property			
Name		Email Address	
Address		City	State Zip
Telephone	Cell	E-Mail	
Owner of Property is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> 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"/> Record owner is not a corporation
Name		
Address		City State Zip
Telephone	Cell	E-Mail



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

Authorized Agent			
If no owner(s) and no managing agent resides in Middlesex 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"/> 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"/> 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 _____

Fuel Oil		<input type="checkbox"/> Building is not heated by fuel oil
		<input type="checkbox"/> Building is heated by fuel oil but landlord does not provide heat
Name of Fuel Oil Company		Grade of Fuel Oil
Address	City	State Zip

Sewer System	<input type="checkbox"/> Township Sewer	<input type="checkbox"/> Private Septic
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Additional Items Needed	
Please indicate that each of the following is included with your registration.	
<input type="checkbox"/> Payment of registration fees \$100	<input type="checkbox"/> Fully executed copy of lease agreement signed by all adult tenants or certification that no written lease exists
<input type="checkbox"/> Proof of approval to operate as a multi-dwelling unit from the Zoning Board of Adjustment, proof of operation prior to Zoning Ordinance or proof that all tenants operate collectively as a single family unit	<input type="checkbox"/> Proof of current payment of property taxes, assessment against property, sewer charges or other municipal charges or assessments pursuant to N.J.S.A. 40:52-1.2
<input type="checkbox"/> Gross floor area in square feet of each room occupied for sleeping purposes and each habitable room (see sample drawing in packet)	<input type="checkbox"/> Certificate of Smoke Detector & Carbon Monoxide Detector Alarm Compliance from local fire official in accordance with NJ Uniform Fire Code 5:70-2.3
<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 Ordinance 08-18, an application to renew the *Landlord Registration Statement* shall be filed annually each March 1.

Print Name

Date

Signature

I certify the following:

Please Initial

I am the Landlord for the property located at _____ Piscataway, NJ 08854.	
The dwelling complies with the Township of Piscataway Housing and Rent Control Ordinance.	
There is an oral/written agreement with the tenants and myself for the rental(s) at the above address.	
The total number of occupants living in the dwelling unit is _____.	
I will not authorize more than the maximum permitted tenants, which is _____, to occupy the premises. See Section 11.7 of Ordinance	

Date Tenancy commenced or will commence: _____

Name all tenants, including minors, who are to reside in the dwelling

I hereby affirm that I am either the owner of the above referenced property or 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 Piscataway.

Landlord Signature

Date



MUNICIPAL COMPLEX • PISCATAWAY, N.J. 08854

TOWNSHIP OF PISCATAWAY

I certify that I am renting an apartment/home located at:

Street Address

Piscataway, NJ 08854. I also certify that I will not permit more than the permitted

number of tenants _____ to occupy the premises.

Enter #

Signature of Tenant

Date

Signature of Landlord

Date

SAMPLE

