

Township of Pohatcong

RESIDENTIAL RENTAL PROPERTY REGISTRATION

COMPLETED FORM MUST BE SENT TO THE MUNICIPAL CLERK AND A COPY TO ALL TENANTS

SECTION 1 – RENTAL PROPERTY INFORMATION

ADDRESS: _____

BLOCK: _____ LOT: _____

TOTAL NO. OF BEDROOMS: _____

(If applicable) BLDG. NO: _____ UNIT NO.: _____ TOTAL NO. OF UNITS: _____

HEATING SOURCE: Natural Gas / Electric / Propane / Fuel Oil (*circle one*)

*If fuel oil is used, please provide the following:

Fuel Oil Dealer: _____

Address: _____

Phone: _____

Grade of Oil: _____

SECTION 2- OWNER INFORMATION

OWNER NAME: _____

OWNER ADDRESS: _____

COUNTY: _____

PHONE: _____ (home / cell / work) *circle one*

PHONE: _____ (home / cell / work) *circle one*

PHONE: _____ (home / cell / work) *circle one*

EMAIL: _____

(Please provide no less than two phone numbers where you may be reached during both day and evening hours as well as at least one email address)

CHECK HERE IF THE OWNER **IS NOT A CORPORATION**: _____

IF THE OWNER **IS A CORPORATION**, PLEASE COMPLETE THE FOLLOWING:

CORPORATION/PARTNERSHIP NAME(S): _____

ADDRESS: _____

LIST ADDITIONAL OWNERS & NAMES (if applicable): _____

LIST BELOW THE NAME AND ADDRESS OF ALL HOLDERS LISTED ON THIS PROPERTY (bank, equity loan, mortgage, etc.):

CHECK HERE IF THERE IS NO MORTGAGE ON THE PROPERTY: _____

WARREN COUNTY REPRESENTATIVE

If owner of record is **NOT LOCATED IN WARREN COUNTY**, then please complete the information below of a person who resides in Warren County and is authorized to accept notices from a tenant or municipality, to issue receipt for these notices and to accept service of process on behalf of the record owner, and who can also serve as an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency with authority to make emergency decisions concerning the building or unit, including the making of repairs:

AUTHORIZED AGENT NAME: _____

ADDRESS: _____

PHONE: _____ (home / cell / work) circle one

PHONE: _____ (home / cell / work) circle one

PHONE: _____ (home / cell / work) circle one

EMAIL: _____

(Please provide no less than two phone numbers where you may be reached during both day and evening hours and at least one email address)

EMERGENCY CONTACT *(Mandatory Requirement)*

NAME: _____

ADDRESS: _____

PHONE: _____ (home / cell / work) *circle one*

PHONE: _____ (home / cell / work) *circle one*

PHONE: _____ (home / cell / work) *circle one*

EMAIL: _____

(Please provide no less than two telephone numbers where your emergency contact may be reached during both day and evening hours and at least one email address)

SECTION 3- MANAGING AGENT INFORMATION

CHECK HERE IF THERE IS **NO** MANAGING AGENT: _____

MANAGING AGENT/COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

IF APPLICABLE, please provide the name, address, and phone number of any person employed to provide regular maintenance services (Superintendent/Janitor/Custodian etc.):

TITLE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Name of Landlord or Authorized Representative: _____

Signature: _____

Date: _____

SECTION 4- TENANT INFORMATION

PLEASE COMPLETE THE FOLLOWING FOR EACH INDIVIDUAL RENTAL UNIT
(this page can be copied if more space is needed)

ADDRESS: _____

BLOCK: _____ LOT: _____

APARTMENT/UNIT NO. (if applicable): _____ BLDG. NO. (if applicable): _____

NO. OF BEDROOMS: _____ NO. OF TENANTS: _____

You must provide the name and age of **every** tenant in the unit (*not just on the lease*) including children:

[illegible]

SECTION 5 – LEAD SAFE CERTIFICATION

Complete for each unit:

TERM OF CURRENT LEASE

UNIT NO.

_____	_____
_____	_____
_____	_____
_____	_____

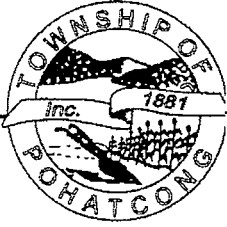
**LEAD-SAFE CERTIFICATION IS DUE UPON
TENANT TURNOVER OR JULY 22, 2024**
(whichever is soonest)

OR

**IF ONE OF THE FOLLOWING CONDITIONS ARE MET,
YOU ARE EXEMPT FROM
THE SUBMISSION OF A LEAD-SAFE CERTIFICATION:**
(check the appropriate exemption- if applicable)

- () DWELLING UNITS CONSTRUCTED DURING OR AFTER 1978
- () SINGLE AND TWO-FAMILY SEASONAL RENTAL DWELLING UNITS THAT ARE RENTED FOR LESS THAN SIX (6) MONTHS DURATION EACH YEAR BY TENANTS THAT DO NOT HAVE CONSECUTIVE LEASE RENEWALS
- () DWELLING UNITS THAT HAVE BEEN CERTIFIED TO BE FREE OF LEAD-BASED-PAINT, PURSUANT TO N.J.A.C. 5:17
- () MULTIPLE DWELLING UNITS CONSTRUCTED PRIOR TO 1978 REGISTERED WITH THE DEPARTMENT OF COMMUNITY AFFAIRS FOR AT LEAST TEN (10) YEARS WITH NO OTSTANDING PAINT VIOLATIONS FROM THE MOST RECENT CYCLICAL INSPECTION OR THAT HAVE A CURRENT CERTIFICATE OF INSPECTION

SECTION 6- BUSINESS REGISTRATION FORM (ATTACHED)



Township of Pohatcong

BUSINESS REGISTRATION FORM

PLEASE TYPE OR PRINT NEATLY

1. NAME OF BUSINESS/OWNER: _____

2. ADDRESS OF BUSINESS: _____

3. MAILING ADDRESS (if different than above): _____

4. EMAIL ADDRESS: _____

5. CERTIFICATE OF INSURANCE:

A Certificate of Insurance must be attached reflecting the following coverage:

- a. Owner-occupied one to four-family home: minimum \$300,000.00 combined property damage and bodily injury
- b. All business and nonowner0occupied residential rental properties: minimum \$500,000 combined property damage and bodily injury.

I affirm that the above information is true and correct.

Signature: _____ Date: _____