Town of Hammonton
Rental Property Registration Form
Landlord Identity Statement
N.J.A.C 5:29-1.2 thru 5:29-2.2

Pursuant to N.J.S.A. 46:8-27 thru 37

Please type or print all information

1. **Address, block and lot of each rental property/unit owned by the landlord.**

    Block: **Lot:**

2. **Owner's Name, Address, phone# and E-mail address:**

    Name:

    Address:

    Phone#:

    E-mail address:

3. **If the record owner is a corporation, list the names and addresses of the agents and corporate officers**

4. **If the record owner is not a resident of Atlantic County, provide the name, address, phone number and E-mail address of a county resident who is authorized to make emergency repairs**

5. **The name,address,phone and E-mail address of a custodian or maintenance person if such person is employed by the record owner**

6. The name and address of all mortgage holders:

7.If fuel oil is used to heat the building and the owner provides the fuel, provide the name and address of the fuel dealer.

8. Number of Dwelling units at this location:_____
   (1-7 units) $50.00 Per unit
   (8-25) units $40.00 per unit
   (26 or more units) $30.00 per unit
   $30.00 late charge after 30days of due date

9. Please attach a floor plan of the building. The plan should include all rooms, doors,kitchens,sleeping areas,etc. with room dimensions.

10. If the owner of the property is a senior citizen *and* resides in a unit of the property *and* rents out the remaining unit *and* otherwise qualifies under the disability and income provisions of NJSA 54:4-8,41 the fee shall be waived.

    Please indicate whether you meet these criteria

    Yes_____   No_____

I certify that the information contained herein is true and accurate

_____   Date:_____
Landlord signature

_____
Print name

Make check payable to the Town of Hammonton

If you have any questions,please call the Town of Hammonton: 609.567.4300 ext.109

TENANT INFORMATION
Please print all information clearly

Number of units:_____

Unit#_____   **Room Dimensions:**

Name of each occupant of this unit: **Phone #**_____

_____   **Living Rm.**_____ **BR#1**_____

_____   **Dining Rm.**_____ **BR#2**_____

_____   **Bathroom:**_____ **Br#3**_____

_____   **Kitchen:**_____ **Br#4**_____

Unit#_____   **Room Dimensions:**

Name of each occupant of this unit: **Phone #**_____

_____   **Living Rm.**_____ **BR#1**_____

_____   **Dining Rm.**_____ **BR#2**_____

_____   **Bathroom:**_____ **Br#3**_____

_____   **Kitchen:**_____ **Br#4**_____