

Landlord's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_ Property Address: \_\_\_\_\_

## Landlord Registration Application

The following is a Registration Application to register a building within the Township of Hamilton that contains residential rental units. This application is submitted by the Owner pursuant to Chapter 66, Section 66-78 of the Code of Ordinances, Hamilton Township, Mercer County, New Jersey. Please **PRINT OR TYPE** all information.

### SECTION 1

Name of Owner/Rental Business/Corporation:

\_\_\_\_\_

Address of Owner/Rental Business/Corporation:

\_\_\_\_\_

\_\_\_\_\_

Owner's Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Owner's e-mail address (optional): \_\_\_\_\_

If the Owner's address is not located in Mercer County, Indicate the name and address of a person who does reside in Mercer County who is authorized by the property owner to accept notices from tenants, Issue receipts there fore, and to accept service of process on behalf of the owner.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address contact info of Managing Agent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address and 24 hr a day phone # of an Individual representative of the owner who may be contacted at any time in the event of an Emergency affecting the premises or any unit of dwelling. Individual has to be authorized to make emergency decisions concerning the building and repair to all essential services or systems. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & complete address of all holders of mortgages on the premises

\_\_\_\_\_

\_\_\_\_\_

If fuel oil is used to heat the building and the landlord furnishes heat for the building indicate the name, address and contact for the fuel oil dealer

\_\_\_\_\_

\_\_\_\_\_

If a multiple dwelling, the law requires that crime insurance be made available for tenants in all habitable property. If the tenant wishes to apply for crime insurance contact:

New Jersey Underwriters Association  
Crime Insurance for Habitable Property  
744 Broad St.  
Newark N.J. 07102

**Address of Building to be registered:** \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Number of Rental Units in the Building: \_\_\_\_\_

Please include proof of the following:

- Property Taxes are current and paid in full
- Sewerage Charges are current and paid in full
- No assessments against property
- Proof of Land Use Approval (i.e. zoning permit, Planning Board/Zoning Board resolution, issued Certificate of Occupancy)

#### **LANDLORD CERTIFICATION**

**Note to Applicant:** Any person found submitting false information; documentation or identification in connection with the Landlord Registration Application shall pay a minimum fine of \$250.00, plus court costs for the first offense, a minimum of \$1,000.00, plus court costs for the second offense and \$2,000.00, plus court costs for each offense thereafter for each document containing false information. Any person who submits a false certification or documentation shall be subject to criminal prosecution, in addition to the penalties outlined in Section 66-78. In addition to the foregoing, a certificate of occupancy that is issued on the basis of information or documentation that is knowingly false or fraudulent when made, shall be subject to revocation pursuant to and in accordance with Chapter 66 Section 66-78 of the Code of Ordinances, Hamilton Township, Mercer County, New Jersey.

I, \_\_\_\_\_, hereby certify, in lieu of oath, that the foregoing statements made by me are true, full and perfect answers to each and all said questions. I am aware that if any of the foregoing statements made by me are willfully false I am subject to punishment. In the event of a change in ownership or amended information the registration forms shall be filed within 30 days of changes. Pursuant to N.J.S.A 46:8-28 and 46:8-29, the form prescribed by this subchapter is required to be given by **landlord to tenants** in single unit dwellings and in two unit dwellings that are not owner-occupied.

\_\_\_\_\_  
Signature of Property Owner/Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Property Owner/Landlord

**Please note that a notary seal shall be required for all corporate owned properties.**

**SECTION 2**

Please complete the following section for each rental unit. (Use additional sheets if necessary)

1. Rental Unit address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Floor Location: \_\_\_\_\_

Total gross floor area of habitable rooms (in square feet) \_\_\_\_\_

Number of Rooms for sleeping purposes \_\_\_\_\_

Gross floor area for each room for sleeping purposes in square feet \_\_\_\_\_

Total Number of Tenants permitted in the Rental Unit \_\_\_\_\_

Total number of occupants \_\_\_\_\_ Date occupancy commenced & C of O # \_\_\_\_\_

Name of primary tenant who are residing in the rental unit.

---

**Owner resides in unit [ ]**

**Owner provided NJSA 54:4-8.41 = NO FEE REQUIRED [ ]**

Five year periodic inspection is due on \_\_\_\_\_

COUPON # ISSUED \_\_\_\_\_

2. Rental Unit address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Floor Location: \_\_\_\_\_

Total gross floor area of habitable rooms (in square feet) \_\_\_\_\_

Number of Rooms for sleeping purposes \_\_\_\_\_

Gross floor area for each room for sleeping purposes in square feet \_\_\_\_\_

Total Number of Tenants permitted in the Rental Unit \_\_\_\_\_

Total number of occupants \_\_\_\_\_ Date occupancy commenced & C of O # \_\_\_\_\_

Name of primary tenants who are residing in the rental unit.

---

Five year periodic inspection is due on \_\_\_\_\_

COUPON # ISSUED \_\_\_\_\_

**COPIES OF THIS PAGE SHOULD BE USED TO  
MEET YOUR BUILDING NEEDS.**



*Office Use Only*

Date Payment Received \_\_\_\_\_ Payment Amount \_\_\_\_\_ Received By \_\_\_\_\_

Copy of DCA Certificate of Registration is on File in the Clerk's Office \_\_\_\_ Yes \_\_\_\_ No

Proof of Submission of the following Documents:

- |  |  |
|--|--|
| <input type="checkbox"/> Current Property Taxes          | <input type="checkbox"/> Proof of Land Use Approval      |
| <input type="checkbox"/> Current Sewerage Charge         | <input type="checkbox"/> Pre-Existing/Non-Conforming Use |
| <input type="checkbox"/> No assessments against property |  |

Zone: \_\_\_\_\_

**Tax Assessor Review:**

Assessed Multi-Family \_\_\_\_\_

Notes:

Date Reviewed by Tax Assessor: \_\_\_\_\_ Initial of Tax Assessor \_\_\_\_\_

**Zoning Official Review:**

Date Approve by Zoning Official \_\_\_\_\_ Initial of Zoning Official \_\_\_\_\_

Zoning Official Notes:

**Construction Official Review:**

Date Approve by CO \_\_\_\_\_ Initial of Construction Official \_\_\_\_\_

Construction Official Notes:

Registration Number \_\_\_\_\_ Date Issued \_\_\_\_\_