

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

LANDLORD IDENTITY REGISTRATION APPLICATION

PROPERTY INFORMATION CHECK LIST

The Landlord Certificate expires on December 31st of each year and must be renewed annually by January 31st. A copy of the Landlord Registration Certificate must be kept on location of the rental unit.

All information must be provided below unless marked as optional

RENTAL PROPERTY ADDRESS: _____
BLOCK _____ LOT _____ UNIT _____ (IF APPLICABLE)

TENANT INFORMATION

TENANT NAME: _____

TENANT EMAIL: _____ TENANT PHONE: _____

TOTAL NUMBER OF OCCUPANTS: _____

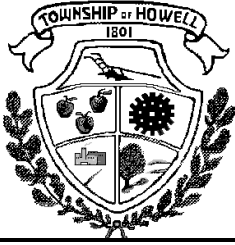
NUMBER OF ADULTS (OVER 18): _____

NUMBER OF CHILDREN (UNDER 18): _____

_____ A COPY OF THE LLC / CORPORATION CERTIFICATE FROM THE NJ DEPARTMENT OF TREASURY MUST BE INCLUDED WITH THIS APPLICATION IF PROPERTY IS OWNED BY AN LLC OR CORPORATION.

Signature of Owner

Date



TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

**LANDLORD IDENTITY STATEMENT - ONE AND TWO UNIT DWELLING
REGISTRATION FORM (N.J.A.C.5:29-1.2 THROUGH 5:29-2.2)
PURSUANT TO N.J.S.A. 46.8-27 THROUGH 37**

1. Names, addresses, phone numbers and email addresses of all record owners of the building or the rental business (including all partners, in the case of a partnership or LLP) are as follows:

Record of Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

2. If the record owner is a corporation, the names, addresses, phone numbers and emails of the registered agent and of the corporate officers are:

Registered Agent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Record owner is not a corporation

3. If the address of any record owner is **not** located in the county in which the dwelling is located, the name, address, phone number and email of a person who resides in the county and is authorized to accept notices from the tenant, to issue receipts for those notices and to accept service of process on behalf of the out-of-county record owner(s) are as follows:

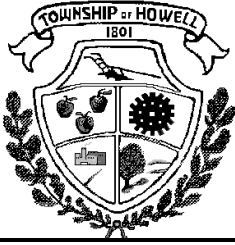
In County Agent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

The addresses of all record owners are in the county in which the dwelling is located.



TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

4. Name, address, phone number and email of the managing agent:

Managing Agent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

- There is no managing agent.**

5. The name, address, (including dwelling unit, apartment or room number), phone number, email of the superintendent janitor, custodian or other person employed to provide regular maintenance service as follows:

Superintendent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

- There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service.**

6. The name, address, phone number and email of 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 affecting the dwelling or any dwelling unit (including such emergencies as the failure of any essential service system and who has the authority to make emergency decisions concerning the building, including the making of repairs and expenditures are as follows:

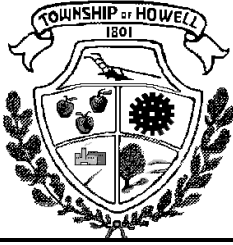
Representative Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

- There is no emergency representative.**



TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

7. The name and address of all holders of the recorded mortgage on the property are as follows:

Mortgage Holder Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

There is no recorded mortgage on the property.

8. If fuel oil is used to heat the building and the landlord furnishes the heat, the name, address and phone number of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows:

Oil Dealer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

The building is not heated by fuel oil.

PLEASE RETURN COMPLETED FORM AND REQUIRED FEE OF \$100 TO:

**Township of Howell
Department of Community Development & Land Use
4567 Route 9 North
PO Box 580
Howell, NJ 07731-0580**