



**Borough of Lindenwold
15 N. White Horse Pike
Lindenwold, New Jersey 08021**

Rental Registration and License Application

Date Received: _____ Received By: _____

For Office Use Only

- All questions must be fully answered and fees paid. Failure to comply will render this application incomplete and not in compliance with the Borough Ordinance.
- A floor Plan must be attached to this registration form. Plan need not to be scale, but size of rooms must be provided.

1. Rental Property Location: _____

Address (NO P.O BOX)

Unit #

City, State, Zip Code

Phone #

Block: _____

Lot: _____

2. Name and address of record owner(s) of property. In the case of a partnership, list the names, and phone numbers of all general partners. If record owner is a corporation, complete this section with the required information for registered agent and corporate officers.

DL #: _____

<u>Name</u>	<u>Address (NO P.O BOX) Street/State/Zip/Phone</u>	<u>Title</u>
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1. _____
2. _____
3. _____
4. _____
5. _____

Record owner is a corporation: _____

Record owner is a partnership: _____

3. If owner is not a resident of Camden County, please provide the name of a person who resides in Camden County and who is authorized to accept notices from the Borough or a tenant to issue receipts therefore, and to accept services of process on behalf of the record owner.

Name: _____

Address (No P.O Box): _____

City, State, Zip: _____

Cell Phone #: _____

Record Owner is a resident of Camden County YES: _____ NO: _____

4. Property Agent Phone/Address

Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____

Business Phone: _____

5. Name and address, including dwelling unit number of tenants, superintendent, janitor, custodian, or other individual employed by the owner or agent to provide regular maintenance, if any.

Name: _____

Address: _____

City, State, Zip: _____

Phone # (Day): _____ Phone # (Evening): _____

There is no superintendant for this property: _____

6. Representative of the owner or agent to be reached or contacted at any time in the event of an emergency and who has the authority to make emergency decisions.

Name: _____

Address: _____

City, State, Zip: _____

Phone # (Day): _____ Phone # (Evening): _____

7. Please list all holders of recorded mortgages on this property. (If more space is needed, please attach a separate sheet)

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone #: _____ Phone #: _____

Is there a recorded mortgage on this property? YES: _____ NO: _____

8. Identify the fuel oil is used to heat this property and the landlord furnishes the heat in this property.

Name: _____ This property is not heated by fuel oil

Address: _____ This property is heated by fuel but the landlord is not responsible for the supply of heat

Grade of oil: _____

9. # of sleeping rooms in this unit/model: _____

10. All security deposits and all interest earned thereon are deposited at: _____

I certify that the above information is true to the best of my knowledge, information and belief. I am aware that if the going information supplied is willfully false, I am subject to penalties and criminal prosecution.

Date: _____ Signature: _____ Print Name: _____

NOTE: Property must be inspected annually and also a C/O inspection to be done every time before a new tenant moves in. NO EXCEPTIONS!