TOWNSHIP OF MENDHAM

P.O. BOX 520 BROOKSIDE, NEW JERSEY 07926

(973) 543-4555 / EXT. 211 / FAX (973) 543-6630

Email: mtclerk@mendhamtownship.org

LANDLORD REGISTRATION FORM

For Township use only: Fire _____ Zoning/Building_____Lead_____

Date of inspection:_____

*** All information must be submitted each year ***

Please fully complete the Rental Registration Form, for it is a legal document. All statements must be true. New applications must have attached an updated floor plan. All rental dwellings must be In compliance with the new Lead Law P.L.2021,c.182. For further information please see the DCA website nj.gov/dca

Date: _____

1. **Street address:_____ Unit #_____**
   Block_____ Lot_____
   Total number of units in building_____

- **Proof of Liability must be submitted with your yearly registration per legislation (S-1368). Adopted August 5th 2022.**

2. **Liability Insurance Provider_____**

3. **Yearly inspection will be scheduled by Landlord ☐ or Tenant ☐ (Please check one).**

4. **Type of registration: ☐ Initial reg. ☐ Yearly/Annual ☐ Change of tenancy**

5. **Type of unit:_____**

6. **Owner: (Taxpayer)_____ Phone_____**
   Address_____City_____State___Zip_____
   Owner is: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other
   Email_____.
7. **Managing Agent:_____Phone_____**
   Address_____City_____State_____Zip_____
   Email _____

8. **Emergency Contact/Managing Agent:_____Phone #_____**

9. Responsibility under lease (this does not absolve the landlord of ultimate responsibility) Check one in each row:

	Landlord	Tenant
Heat	_____	_____
Electric Service	_____	_____
Water	_____	_____
Sewer	_____	_____
Yard Maintenance	_____	_____

10. a. Heating fuel type: □ Oil □ Gas □ Electricity □ Other_____

b. Water source: □ Well or □ City

c. Does property have □ Septic or □ Sewer

11. Garbage Disposal Company:_____
Pick up day:_____

Room count per unit:

Number of bedrooms: _____ In attic? □ Yes □ No, Basement? □ Yes □ No
Number of Kitchens: _____
Number of Full Baths: _____
Number of Half Baths: _____
Number of Living rooms: _____
Number of Family rooms: _____
Number of Dining rooms: _____

Nature and location of other rooms tenants may use:_____

If this rental property has multiple units are there any common areas? ■ Yes □ No

2.

TENANT INFORMATION

12. Lease date from:_____ To:_____

Name(s) on lease:_____ Phone:_____
Email:_____

Names and relationship to LESSEE of ALL occupants*

***YOU MUST INCLUDE THE NAME, GRADE LEVEL, AND SCHOOL OF ALL CHILDREN WHO ATTEND OR WILL BE ATTENDING THE MENDHAM TOWNSHIP SCHOOL DISTRICT**

Please include ALL occupants below:

NAME	RELATION TO LESSEE	GRADE & SCHOOL (School age)
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____
6._____	_____	_____

I hereby certify that to the best of my knowledge the information above is accurate. I further certify that I will maintain the subject property in compliance with the Mendham Township zoning ordinance, the residential property maintenance code, the New Jersey State Housing Code, the Uniform Fire Code, and all other applicable statutes, ordinances and regulations.

Print name:_____

Signature:_____ Date:_____

Before you move into your rental dwelling unit, whether a house, an apartment or a room, your landlord should obtain a Certificate of Rental Housing Compliance from the Township of Mendham showing that your unit complies with the Township Property Maintenance Code, the State Housing Code, the Uniform Fire Code and other statutes, ordinances and regulations(the "Codes"). A new certificate is required for each new tenant, so the certificate must list your name.

Your landlord will require you to sign the statement below and must give you a copy as proof you have received this notification on an annual basis.

Date:_____

Witness:	**Tenant:**
_____	_____
Signature	**Signature**
_____	_____
[1]Print Name	**Print Name**

_____