



LANDLORD REGISTRATION FORM

Street Address: _____ Rahway, NJ

Block: _____ Lot: _____ No. of units _____

Pursuant to the *New Jersey Landlord Act N.J.S.A. 46:8-28.1* and *N.J.S.A.55:13A-12*, this form must be completed and filed with the Municipal Clerk for each rental housing property and a copy provided to each tenant. Any change to the information listed must be forwarded to the City Clerk within 30 days.

Name and address of the record owner or the Registered Agent if owned by a corporation:

Name: _____ Phone: _____

Address: _____

Name and address of a person who resides in the county in which the premises are located and is authorized to accept notices and to issue a receipt and accept service on behalf of the record owner:

Name: _____ Phone: _____

Address: _____

Name and address of the Managing Agent of the premises:

Name: _____ Phone: _____

Address: _____

Name and address of the person responsible to provide regular maintenance service:

Name: _____ Phone: _____

Address: _____

Name and address of the person who is available 24 hours a day to respond in the event of an emergency:

Name: _____ Phone: _____

Address: _____

Name and address of the holder of the recorded mortgage on the premises:

Name: _____ Phone: _____

Address: _____

If fuel oil is supplied to heat the building, the company name and address of the fuel oil dealer:

Name: _____ Phone: _____

Address: _____

Form completed by: _____

Date: _____



LANDLORD REGISTRATION FORM

TENANT INFORMATION

Street Address: _____

Block: _____ Lot: _____

Property Owner: _____

Single Family -Detached __ Single Family- Attached __ Two-Family __ Three- Family __ Four -Family __

Number of Bedrooms: _____

***Only those occupants whose names are on file, as provided in this article, may reside in the registered premises.**

*Every property owner filing a registration form shall file an amended registration form within 30 days after any changes in the information.

ONCE THE LANDLORD APPLICATION IS COMPLETED, PLEASE SUBMIT A CACO APPLICATION TO PROPERTY MAINTENANCE

UNIT 1

Tenant Name: _____

Adult Only (18+yrs)

Tenant Name: _____

Adult Only (18+yrs)

Tenant Name: _____

Adult Only (18+yrs)

Tenant Name: _____

Adult Only (18+yrs)

Total Number of Occupants: _____ Adults: _____ Children: _____

Completed by: _____ Date: _____

Ord. No. O-39-25 Ord. No. O-48-25



LANDLORD REGISTRATION FORM

TENANT INFORMATION

Street Address: _____

Block: _____ Lot: _____

Property Owner: _____

Single Family -Detached __ Single Family- Attached__ Two-Family__ Three- Family __ Four -Family__

Number of Bedrooms: _____

***Only those occupants whose names are on file, as provided in this article, may reside in the registered premises.**

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UNIT 2

Tenant Name: _____

Adult Only (18+yrs)

Tenant Name: _____

Adult Only (18+yrs)

Tenant Name: _____

Adult Only (18+yrs)

Tenant Name: _____

Adult Only (18+yrs)

Total Number of Occupants: _____ Adults: _____ Children: _____

Completed by: _____ Date: _____

Ord. No. O-39-25 Ord. No. O-48-25



LANDLORD REGISTRATION FORM

TENANT INFORMATION

Street Address: _____

Block: _____ Lot: _____

Property Owner: _____

Single Family -Detached __ Single Family- Attached __ Two-Family __ Three- Family __ Four -Family __

Number of Bedrooms: _____

***Only those occupants whose names are on file, as provided in this article, may reside in the registered premises.**

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UNIT 3

Tenant Name: _____
Adult Only (18+yrs)

Tenant Name: _____
Adult Only (18+yrs)

Tenant Name: _____
Adult Only (18+yrs)

Tenant Name: _____
Adult Only (18+yrs)

Total Number of Occupants: _____ Adults: _____ Children: _____

Completed by: _____ Date: _____

Ord. No. O-39-25 Ord. No. O-48-25



LANDLORD REGISTRATION FORM

TENANT INFORMATION

Street Address: _____

Block: _____ Lot: _____

Property Owner: _____

Single Family -Detached __ Single Family- Attached__ Two-Family__ Three- Family __ Four -Family__

Number of Bedrooms: _____

***Only those occupants whose names are on file, as provided in this article, may reside in the registered premises.**

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UNIT 4

Tenant Name: _____

Adult Only (18+yrs)

Tenant Name: _____

Adult Only (18+yrs)

Tenant Name: _____

Adult Only (18+yrs)

Tenant Name: _____

Adult Only (18+yrs)

Total Number of Occupants: _____ Adults: _____ Children: _____

Completed by: _____ Date: _____

Ord. No. O-39-25 Ord. No. O-48-25