LANDLORD REGISTRATION FORM 2026

Borough of Wenonah

1 South West Avenue, Wenonah NJ 08090

Per Ordinance 47, Rental Premises, of the Code of the Borough of Wenonah:

- **All** owners of rental units in the Borough, including those with three (3) or fewer units, one of which is occupied by the legal owner, shall register their premises annually with the Municipal Clerk's office on or before **January 31ST** of each year.

- Completion of the full registration form is **mandatory** for all property owners, including those with existing rental properties. No exceptions will be made. Please note there is no fee or inspection required.
- The State of New Jersey (Senate Bill 1368) requires all rental property owners to maintain liability insurance and file a **Certificate of Insurance** with the municipality. All landlords must **complete the annual registration form** and provide **proof of insurance coverage** for their rental property.
- Forms may be obtained from the Borough Finance Office or downloaded from the Borough website:www.boroughofwenonah.com.

- Upon completion, please sign, date, and return the form to the Borough Office by **January 31st.**

- The Landlord/Tenant Court may contact the Borough Office, if necessary, to verify registration.

Note: If you use a P.O. Box, please supply a physical address for the rental property.

1. Location of rental property:

Block: _____ Lot: _____

Physical Address: _____

2. Number of units in the entire rental property: _____

3. What portion of the building will be used as a rental facility? _____

4. Please complete the information for each unit being rented. Use additional paper if more units than shown.

(1) Unit _____ Number of rooms being rented_____: Kitchen_____, Living room _____, Dining room_____, Bedrooms _____, Basement_____.

(2) Unit _____ Number of rooms being rented_____: Kitchen_____, Living room _____, Dining room_____, Bedrooms _____, Basement_____.

(3) Unit _____ Number of rooms being rented_____: Kitchen_____, Living room _____, Dining room_____, Bedrooms _____, Basement_____.

(4) Unit _____ Number of rooms being rented_____: Kitchen_____, Living room _____, Dining room_____, of Bedrooms _____, of Bathrooms _____, Basement_____.

5. Provide the names, physical addresses, P.O. Box (if applicable), and phone numbers of all owners of record of the facility (including all general partners, partnership, or stockholder owning 10% or more of stock, if a corporation). Continue listing on a separate piece of paper if more than one owner of record.

Name: _____

Address: _____
No. Street City State Zip
Phone:(____) _____ Cell: (____) _____ Email: _____

Is owner of record a (an): ____Individual ____Partnership ____Corporation?

6. If the owner(s) of record cannot be reached, provide the name, address, and telephone number of a person responsible and who is authorized to accept notices from an emergency responder, tenant(s), issue receipts, and to accept service of process on behalf of the owner.

Name: _____

Address: _____
No. Street City State Zip
Phone: (____) _____ Cell: (____) _____ Email: _____

7. Provide the name, address, and phone number of an individual representative of the owner who can make emergency decisions concerning the premises (including repairs or expenditure) if owner(s) are not available.

Name: _____

Address: _____
No. Street City State Zip
Phone:(____) _____ Cell: (____) _____ Email: _____

8. List full name (adults and children) and age of **ALL OCCUPANTS** of each unit as required:
(This is to keep verification of who lives in the unit. If more space is needed, continue to separate sheets of paper.)

Unit____: _____

_____

Unit___: _____

_____

Unit___: _____

_____

9. Original Signature is required:

_____ _____ _____
Name of Landlord signature of Landlord/ Authorized Agent Date