## TOWNSHIP OF ELK, NEW JERSEY OFFICE OF HOUSING OFFICIAL 680 Whig Lane

Monroeville, New Jersey 08343-9209 Phone (856) 881-6525 Fax (856) 881-5750

## **RENTAL PROPERTY AND LANDLORD LICENSE RENEWAL**

1.	ADDRESS OF RENTAL PROPERTY:			
2.	OWNER/COMPANY'S NAME:ADDRESS:			
	TELEPHONE #: FAX # OR EMAIL:			
3.	INSURANCE COMPANY'S NAME/ADDRESS:			
	POLICY #: TELEPHONE #:			
4.	RENTAL UNIT CLASSIFICATION (choose one): SFD (Single Family Detached)SFA (Single Family Attached) DPL (Duplex-2 Units)TPL (Triplex-3 Units) QD (Quad-4 Units)CPL (Complex-5 or more Units) RH (Rooming House)CM (Commercial Units located in a commercial business structure)			
5.	If the Owner/Company is not a resident of Gloucester County, please provide the name of a person who resides in Gloucester County and who is authorized to accept notices from a tenant to issue receipts and to accept payments on behalf of the record Owner.			
	NAME:ADDRESS (NO P.O. BOXES):			
	TELEPHONE #:			
6.	Name, address and phone number of Agent of the Unit, if any.			
	NAME:ADDRESS (NO P.O. BOXES):			
	TELEPHONE #:			
7.	Name, address and phone number, including the dwelling unit number, of the superintendent, janitor, custodian or other individual employed by the Owner or Agent to provide regular maintenance services including property maintenance, if any, to the Unit.			
	NAME:ADDRESS (NO P.O. BOXES):			
	TELEPHONE #:			
8.	Name, address and phone number of the representative of the Owner or Agent of the Unit, to be reached or contacted at any time in the event of an emergency and who has the authority to make emergency decisions.  NOTE: Form will be returned if this section is not completed.			
	NAME:ADDRESS (NO P.O. BOXES):			
	TELEPHONE #:			

9.	Name, address and phone number of all holders of recorded Mortgage(s) on this property.			
	NAME:		NAME: ADDRESS (NO P.O. BOXES):	
	TELEPHONE #:		TELEPHONE #:	
10.	Name, address and phone number of the fuel oil dealer if fuel oil is used to heat this Unit or name of propane or gas company if used to heat this Unit, and if the Landlord furnishes the heat for this Unit. Heat provided by Landlord: YES NO			
	NAME OF FUEL OR GAS PROVIDER:ADDRESS (NO P.O. BOXES):			
11.	Number of sleeping rooms in this Unit: The number of persons who will occupy the Unit:  Provide a drawing of floor plan of Unit.			
12.	Enclosed is the required \$145.00 Registration Fee – This includes the 1st CO inspection Or Enclosed is the \$10.00 Renewal Fee for each unit Due March 1 of each year.			
13.	This Unit is no longer a renta	al Unit.	Property Owner Signature	
aware			e best of my knowledge, information and belief. I am ully false that I am subject to penalties and criminal	
OWN	ER'S SIGNATURE		DATE	
		FOR OFFICI	IAL USE ONLY:	
	_\$145.00 Registration/CO Fee		Taxes, Utility Fees, Assessments satisfied	
	_\$30.00 Late Registration/Renew If paid after 3/31	al Fee	Floor Plan Drawing Attached	
	_ Fee Exempt		\$10.00 Renewal Fee	
RECE	EIVED BY:			
DATE	RECEIVED:			
CHEC	CK NUMBER:	CASH:		

Revised 11/05/2021