



TOWNSHIP OF HAMILTON
Community Development
6101 Thirteenth Street
Mays Landing, New Jersey 08330
609-625-1591

<p>For Official Use Only</p> <p>Date Received Stamp Initials</p> <p><u>TODAY'S DATE</u></p>
--

APPLICATION FOR A RESIDENTIAL LANDLORD REGISTRATION STATEMENT
N.J.S.A. 46:8-27 et seq (1974)

PLEASE COMPLETE THIS APPLICATION AND RETURN PROMPTLY.

Application is hereby made to the Township of Hamilton to operate a Residential Rental Unit Business in Hamilton Township.
The following statements are made in order that the said Registration may be granted.

SECTION A – RENTAL PROPERTY INFORMATION

Rental Property Address: _____ Apt. #: _____ Block: _____ Lot: _____ Qual: _____
Total # of Residential Rental Units in the building (including one listed above): _____

Does Property Owner reside in one of the units? Yes No

SECTION B – PROPERTY OWNER INFORMATION

Check: Individual Partnership* Corporation *If a Partnership, provide information for ALL partners (use additional sheets if necessary)

Record Owner of Premises: _____
Address: _____
City/State/Zip: _____
Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____
Email: _____

Record Co-Owner of Premises: _____
Address: _____
City/State/Zip: _____
Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____
Email: _____

If Owner is a Corporation, please provide:

Contact Person: _____
Address: _____
City/State/Zip: _____
Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____
Email: _____

Registered Agent: _____
Address: _____
City/State/Zip: _____
Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____
Email: _____

SECTION C – PROPERTY MANAGER OR LOCAL AGENT (if applicable per Ordinance)

Company Name: _____ Contact Person(s): _____
Manager/Agent Address: _____ City/State/Zip: _____
Business Phone: _____ Home/Cell Phone: _____ Fax number: _____ Email: _____

SECTION D – EACH HOLDER OF RECORDED MORTGAGE ON PREMISES (if more than one, attach information)

Company Name: _____ Contact Person(s): _____
Address: _____ City/State/Zip: _____
Business Phone: _____ Cell Phone: _____ Fax number: _____ Email: _____

SECTION E – RENTAL PROPERTY SPECIFICATIONS

What type of fuel is used for appliances? _____ What type of fuel is used for heat? _____ Grade of fuel oil? _____
Fuel Company Provider: _____ Address: _____ Business Phone: _____

SECTION F – AFFIDAVIT

By signing below, I hereby affirm that under penalty of perjury and those imposed by the Township of Hamilton that the contained statements are true and correct to the best of my knowledge and belief.

Signature of Owner/Agent: _____
Signature of Co-Owner/Agent: _____
Signature of Fire Prevention Official: _____

Date: _____
Date: _____
Date: _____