

**QUINTON TOWNSHIP  
HOUSING OFFICE**

885 Quinton Road

Quinton, NJ 08072

Phone: 856-935-0272 Fax: 856-935-6817

**20\_\_ RENTAL FACILITY REGISTRATION**

For Lots w/ more than one Rental Unit, complete Section a one a Section B for each Rental Unit.

SECTION A

GENERAL INFORMATION

RENTAL PROPERTY

Street Address: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ NUMBER OF RENTAL UNITS: \_\_\_\_\_

OWNER

(List information on all General Partners or Corporate Officers. Attach additional sheet if necessary)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

**Manager/ Local Contact**

**CHECK BOX IF SAME AS OWNER**

(If owner is not a resident of Quinton, NJ, please provide authorized individual information for acceptance on notices from tenant, to issue receipts therefore and accept/contract service of process on behalf of the owner)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**RENTAL FACILITY REGISTRATION  
SECTION A  
CONTINUED**

**BLOCK:** \_\_\_\_\_ **LOT:** \_\_\_\_\_

**SUPERINTENDENT/JANITOR/CUSTODIAN**    **CHECK BOX IF SAME AS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**OWNERS EMERGENCY AGENT**

(The individual authorized to make emergency decisions regarding this rental unit if owner/agent is unavailable)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**MORTGAGE HOLDERS**                      **CHECK BOX IF NONE**

(List all holders of recorded mortgages on this rental property. Attach additional sheet if necessary)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**END SECTION A**

**RENTAL FACILITY REGISTRATION  
SECTION B**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ UNIT #: \_\_\_\_\_

OWNER: \_\_\_\_\_

**SECTION B**

**UNIT INFORMATION**

**TOTAL SQUARE FOOTAGE OF LIVING SPACE:** \_\_\_\_\_

(Do not include unfinished Basement, unfinished Attic, Bathrooms, Closets or Hallways)

**SQUARE FOOTAGE OF EACH BEDROOM:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**TOTAL NUMBER OF OCCUPANTS:** \_\_\_\_\_

**NAMES OF ALL OCCUPANTS:**

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

**UTILITIES AS PROVIDED BY LEASE: CHECK ALL BOXES THAT APPLY.**

OWNER: HEAT:  ELECTRIC:  WATER:  SEWER:  YARD MAINTENANCE:

TENANT: HEAT:  ELECTRIC:  WATER:  SEWER:  YARD MAINTENANCE:

**RENTAL FACILITY REGISTRATION  
SECTION B  
CONTINUED**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ UNIT #: \_\_\_\_\_

**FUEL HEAT DEALER**                      **NATURAL GAS:**  **OIL:**  **PROPANE:**  **ELECTRIC:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**NON-RENTAL UNIT CERTIFICATION:**

I, \_\_\_\_\_ certify this is not a Rental Unit. \_\_\_\_\_ (Initial)

**DATE OF LAST CO INSPECTION: MONTH:** \_\_\_\_\_ **DAY:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**OWNER/AGENT CERTIFICATION:**

Owner/ Agent Certification: I hereby certify that all the above information is true to the best of my knowledge, and belief. I am aware that if the foregoing information is willfully false, that I am subject to penalties and criminal prosecution.

\_\_\_\_\_  
OWNER/AGENT SIGNATURE

\_\_\_\_\_  
DATE