



RENTAL REGISTRATION & LICENSE APPLICATION
BOROUGH OF LINDENWOLD
ANNUAL FEE= \$60.00

Date Rcvd: _____ Rcvd By: _____ Cash/Check#/MO: _____ Receipt # _____

For Office Use Only

- The Application must be completely answered #1-#10 and fees paid. Failure to comply will render this application incomplete and not in compliance with the Borough Ordinance.
- A Floor Plan must be attached to this registration form. Plan need not to be scale, but size of rooms must be provided.
- ALL Tenants must be listed on the form or this form will be returned with payment.
- NOTE: Property must be inspected annually and also a C/O inspection is required every time BEFORE a new tenant moves in. NO EXCEPTIONS!

1. RENTAL PROPERTY ADDRESS: _____ Unit #
 _____ Address (NO P.O. BOX)
 _____ LINDENWOLD NJ 08021 _____ Block: _____ Lot: _____
 _____ City State Zip Code

2. OWNER INFORMATION: Name and address of record owner(s) of property. In the case of a partnership, list the names, and phone numbers of general partners. If record owner is a corporation, complete this section with the required information for registered agent and corporate officers.
 DL #: _____

<u>Name</u>	<u>Address Street/State/Zip/Phone (NO P.O. BOX)</u>	<u>Title & Phone #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Record owner is a corporation: _____ Record owner is a partnership: _____
 Record Owner is a resident of Camden County YES: _____ NO: _____

3. CAMDEN COUNTY RESIDENT: If Owner is not a resident of Camden County, please provide the name of a person who resides in Camden County and who is authorized to accept notices from the Borough or a tenant to issue receipts therefore, and to accept services of process on behalf of the record owner.

Name: _____
 Address (No P.O Box): _____
 City, State, Zip: _____
 Cell Phone #: _____

4. OCCUPANT NAMES (All Tenants Names & D.O.B):

Name: _____ Date of Birth: _____ Phone #: _____
Name: _____ Date of Birth: _____ Phone #: _____
Name: _____ Date of Birth: _____ Phone #: _____
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Name: _____ Date of Birth: _____ Phone #: _____
Name: _____ Date of Birth: _____ Phone #: _____

5. EMERGENCY DECISIONS : Property Agent, Representative of the Owner or agent to be reached or contacted at any time in the event of an emergency and who has the authority to make emergency decisions.

Name: _____
Address: _____
City, State, Zip: _____
Phone # (Day): _____ Phone # (Cell): _____

There is no superintendent for this property: _____

6. MAINTENANCE (If Any): Name and Address of superintendent, janitor, custodian, or other individual employed by the owner or agent to provide regular maintenance.

Name: _____
Address (No P.O Box): _____
City, State, Zip: _____
Phone # (Day): _____ Phone # (Cell): _____

7. RECORDED MORTGAGE: Is there a recorded mortgage on this property? YES: ____ NO: ____
List all holders of recorded mortgages on this property.

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone #: _____	Phone #: _____

8. FUEL OIL: Identify if fuel oil is used to heat this property and the landlord furnishes the heat in this property.

Name: _____ This property is NOT heated by fuel oil
Address: _____ This property is heated by fuel but the landlord is not responsible for the supply of heat
Grade of oil: _____

9. BEDROOMS: Number of sleeping rooms in this rental property: _____

10. SECURITY DEPOSITS: All security deposits with interest earned are deposited at: _____

I certify that the above information is true to the best of my knowledge, information and belief. I am aware that if the going information supplied is willfully false, I am subject to penalties and criminal prosecution.

Date: _____ Signature: _____ Print Name: _____