

**FRANKLIN TOWNSHIP RESIDENTIAL RENTAL PROPERTY
REGISTRATION**

[Please type or print legibly]

Date Received: _____.

COMPLETED FORM MUST BE SENT TO ALLTENANTS AND MUNICIPAL CLERK.

SECTION - 1

RENTAL PROPERTY INFORMATION:

Address: _____, Block # _____, Lot # _____.

Building# (If applicable) _____, Unit# _____, Total # of Units per Bldg: (If applicable) _____.

Total # of Bedrooms: _____.

Heating Source: (Please circle one) Natural Gas Electric Propane Fuel Oil

If fuel oil is used, please provide below the name and address of the fuel oil Dealer servicing the unit and the grade of fuel oil used.

Fuel Oil Dealer: _____.

Phone # _____.

Grade of Oil: _____.

SECTION - 2

OWNER INFORMATION:

Please list below the name and address of all record owners of the rental property, building or the rental business.

This must include: all general partners in the case of a partnership, all members in the case of a Limited Liability Company, and all shareholders in the case of a Corporation.

Owner's Name: (Last, First) _____.

Owner's Address: _____.

County: _____. (Note: If the owner does not reside in Warren County then an in county representative's contact information **must** be provided below.)

Work Phone: _____, Mobile: _____, Home Phone: _____.

E-Mail Address: _____.

(Please provide no less than two telephone numbers where you may be reached during both day and evening hours & at least one e-mail address.)

If Record Owner is **not** a Corporation: (Place check mark) _____.

If Record Owner is a Corporation, please list the names and addresses of the Registered Agent and of the Corporate officers as follows:

Corporation/Partnership Name(s): _____

List additional Owners and addresses: (If applicable) _____

*List below the **Name and Address** of all holders (**bank, equity loan, mortgage, etc**) recorded on this property:

No Mortgage on Property: (Place check mark) _____.

WARREN COUNTY REPRESENTATIVE:

If **Owner of Record** is **NOT** located in Warren County, then please provide below: the name, address, and telephone number(s) of a person who resides in Warren County and is authorized to accept notices from a tenant or municipality, to issue receipts for these notices and to accept service of process on behalf of the record owner, and who can also serve as an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency with authority to make emergency decisions concerning the building or unit, including the making of repairs.

Authorized Agent Name: _____

Address: _____

Work Phone: _____ Mobile: _____ Home Phone: _____

E-Mail Address: _____

(Please provide no less than two telephone numbers where you may be reached during both day and evening hours & at least one e-mail address.)

*** Emergency Contact: (Mandatory Requirement)**

Name: _____

Address: _____

Work Phone: _____ Mobile: _____ Home Phone: _____

E-Mail Address: _____

(Please provide no less than two telephone numbers where your emergency contact may be reached during both day and evening hours & at least one e-mail address.)

SECTION - 3

MANAGING AGENT INFORMATION: (If Applicable)

Managing Agent/Company Name: _____

Address: _____

Work Phone: _____, Mobile: _____, Home Phone: _____

E-Mail Address: _____

There is no Managing Agent: (Place check mark) _____

If applicable: Please provide the name, address and phone number of the Superintendent, Janitor, Custodian or other person employed to provide regular maintenance services.

Name of Super/Custodian/Janitor, etc. _____

Address: _____

Work Phone: _____, Mobile: _____, Home Phone: _____

E-Mail Address: _____

(Please provide no less than two telephone numbers where you may be reached during both day and evening hours & at least one e-mail address.)

Landlord or Authorized Representative (Print & Sign)

Date

TENANT INFORMATION

SECTION - 4

TENANT INFORMATION:

FOR EACH RENTAL UNIT---you **MUST** provide the **NAME** and **AGE** of **EACH AND EVERY** **TENANT IN THE RENTAL UNIT** (not just on the lease), including children.

Address: _____, Block # _____, Lot # _____.

Apart#/Unit# _____ Building# (if applicable) _____ #of Bdrms _____ # of Tenants _____

LAST NAME

FIRST NAME

AGE

SECTION - 5

LEAD-SAFE CERTIFICATION:

FOR EACH UNIT: Please provide:

Term of current Lease _____

Lead-Safe Certification (Due upon tenant turnover or July 22, 2024, whichever is earlier).

OR

Exempt from the submission of a lead-safe certification for one of the following: (Check appropriate exemption)

- Dwelling units constructed during or after 1978.
- Single and two-family seasonal rental dwelling units that are rented for less than six (6) months' duration each year by tenants that do not have consecutive lease renewals.
- Dwelling units that have been certified to be free of lead-based paint, pursuant to N.J.A.C. 5:17.
- Multiple dwelling units constructed prior to 1978 registered with the Department of Community Affairs for at least ten (10) years with no outstanding paint violations from the most recent cyclical inspection or that have a current certificate of inspection.