



# TENANT TRANSFER RENTAL APPLICATION TOWNSHIP OF EWING

1666 PENNINGTON RD EWING, NJ 08628 (609) 883-2900 Ext 7676

**ADDRESS OF PROPERTY TO BE INSPECTED:** \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
OWNER'S NAME: \_\_\_\_\_  
OWNER'S ADDRESS: \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ LOCK BOX# \_\_\_\_\_  
**WE CAN'T ACCEPT JUST LLC- PLEASE PUT OWNERS NAME OF LLC**

TENANT'S NAMES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Rental Property Registered : **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ Fire Prevention Registration Complete: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

## PROPERTY DESCRIPTION

### CHECK ONE

Single Family Dwelling \$125.00   
Multi-Dwelling  (# of units \_\_\_\_\_) \$125.00 Per Unit

Number of Kitchens \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_ Number of Den /Dining Room \_\_\_\_\_  
Garage \_\_\_\_\_ Finished Basement \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Is Basement being Rented \_\_\_\_\_

### Smoke and Carbon Monoxide Detector

Number of Battery Operated Smoke Detectors: \_\_\_\_\_  
Number of Hardwired Smoke Detectors: \_\_\_\_\_  
Number of Carbon Monoxide Detectors : \_\_\_\_\_

### Lead Hazard assessment N.J.A.C. 52:27D-437.16

Cash \_\_\_\_\_ **\$20.00 per Unit** Check \_\_\_\_\_  
Date: \_\_\_\_\_ Employee \_\_\_\_\_

**COMPLETED REPORT:** \_\_\_\_\_ **PICKUP** \_\_\_\_\_ **OR MAIL :** \_\_\_\_\_

**Date:** \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**\*\*\*\* Please be aware that a representative from the Tax Assessor's office will be coming to your home on the day of your inspection \*\*\*\***

### \*\*\*\* FOR OFFICE USE ONLY \*\*\*\*

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ OPEN UCC PERMITS: \_\_\_\_\_ NO \_\_\_\_\_ Yes PERMIT NUMBER \_\_\_\_\_  
OPEN UCC VIOLATIONS: \_\_\_\_\_ NO \_\_\_\_\_ Yes VIOLATION NUMBER \_\_\_\_\_ IS THE PROPERTY VACANT : \_\_\_\_\_ NO \_\_\_\_\_ Yes \_\_\_\_\_  
COMPLAINTS ON PROPERTY \_\_\_\_\_ NO \_\_\_\_\_ YES NUMBER \_\_\_\_\_ TAXES CURRENT \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
CASH \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ AMOUNT \_\_\_\_\_  
COLLECTED BY \_\_\_\_\_ DATE \_\_\_\_\_