

Year \_\_\_\_\_

# ANNUAL LANDLORD CERTIFICATE OF REGISTRATION

Landlord registration is required on all rental premises or units used for one-dwelling unit rental or a two-dwelling unit non-owner occupied premises the Landlord Registration Act (N.J.S.A 46: 8-26 et seq.) Within (20) days, the owner must file the appropriate registration statement with the Ewing Township Code Enforcement Office. The filing of this notice to the Code Enforcement office does not acknowledge rental of such property as legal use.

**Must be filed with a fee \$50.00 (per unit for 2 family homes) with the Ewing Township Code Enforcement Office, 2 Jake Garzio Dr, Ewing NJ 08628**

## **ALL REGISTRATIONS NEED TO BE IN NO LATER THAN JANUARY 31<sup>st</sup>**

1. **Address of Premises Rented** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_

**Single Family** \_\_\_\_\_ **Two- Dwelling Unit** \_\_\_\_\_

2. **The name, address and phone number of the record owner of the premises** (include all partners or corporate officers). If the address of a record owner is not located in Mercer County, the name and address of a person who resides in or has an office in Mercer County and is authorized to accept notices from a tenant and to issue receipts therefore, and to accept services of process on behalf of the record owner.

\_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_ **Emergency #** \_\_\_\_\_

**Email address:** \_\_\_\_\_

3. **The name and address of the managing agent of the premises**

\_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_

4. **The name, address and apartment number** of the superintendent janitor, custodian or other individual employed by the record owner to provide regular maintenance service

\_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_

5. **The name, address and telephone number** of an individual representative of the record owner who may be reached or contacted at any time in the event of an emergency affecting the premise and who has the authority to make emergency decisions concerning the building and any repair thereto or expenditure in connection therewith and shall, at all times, have access to a current list of building tenants that shall be made available to emergency personnel as required in the event of an emergency.

\_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_

6. **The name, address and telephone number of every holder of a recorded mortgage on the premises**

\_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_

**OVER →**

**7. The name and unit # of each tenant on the premises\*\*\*\* (Needs to be completed!!!!)**

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8. **Fuel Oil.** If fuel oil is used to heat the building and the landlord furnishes the heat in the building, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used.

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Phone \_\_\_\_\_  
Fuel Grade \_\_\_\_\_

**I certify that the foregoing information provided by me is true & correct. I am aware that if any of the foregoing information is willfully false, I may be subject to punishment.**

\_\_\_\_\_  
Name of Record Owner (Please Print)

\_\_\_\_\_  
Signature of Record Owner/ Date

**ALL HIGHLIGHTED AREAS NEED TO BE FILLED OUT COMPLETELY**

Pursuant to the terms of NJSA 46:8-26 et seq. at the time of filing a Certificate of Registration, the landlord shall provide each occupant or tenant in the premises with a Copy of the Certificate of Registration. A copy of this information is also on file with the Ewing Township Code Enforcement.

After any change in the information required to be included, every landlord shall file an amended Certificate of Registration within twenty (20) days of the change. Upon the filing of an amendment to a Certificate of Registration, the landlord shall provide each occupant or tenant in the premises with a copy of the amended Certificate of Registration within seven (7) days of filing.

Each rental unit shall be inspected upon each change in tenancy or occupancy. No tenant shall occupy a rental unit where a Certificate of Occupancy has not been issued from the Ewing Township Construction Official.

**FOR OFFICIAL USE ONLY- DO NOT WRITE BELOW THIS LINE**

**CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_**

**DATE FILED \_\_\_\_\_**

**COLLECTED BY \_\_\_\_\_**