



**TOWNSHIP OF HAMILTON**  
**Community Development**  
**6101 Thirteenth Street**  
**Mays Landing, New Jersey 08330**  
**609-625-1511 ext. 481**

<p><b>For Official Use Only</b></p> <p>Date Received Stamp Initials</p> <p><u>TODAY'S DATE</u></p>
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**APPLICATION FOR A RESIDENTIAL LANDLORD REGISTRATION STATEMENT**  
**N.J.S.A. 46:8-27 et seq (1974)**

**PLEASE COMPLETE THIS APPLICATION AND RETURN PROMPTLY.**

Application is hereby made to the Township of Hamilton to operate a Residential Rental Unit Business in Hamilton Township.  
The following statements are made in order that the said Registration may be granted.

**SECTION A – RENTAL PROPERTY INFORMATION**

Rental Property Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_  
Total # of Residential Rental Units in the building (including one listed above): \_\_\_\_\_

Does Property Owner reside in one of the units?  Yes  No

**SECTION B – PROPERTY OWNER INFORMATION**

Check:  Individual  Partnership\*  Corporation \*If a Partnership, provide information for ALL partners (use additional sheets if necessary)

Record Owner of Premises: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Record Co-Owner of Premises: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**If Owner is a Corporation, please provide:**

Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Registered Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**SECTION C – PROPERTY MANAGER OR LOCAL AGENT (if applicable per Ordinance)**

Company Name: \_\_\_\_\_ Contact Person(s): \_\_\_\_\_  
Manager/Agent Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION D – EACH HOLDER OF RECORDED MORTGAGE ON PREMISES (if more than one, attach information)**

Company Name: \_\_\_\_\_ Contact Person(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION E – RENTAL PROPERTY SPECIFICATIONS**

What type of fuel is used for appliances? \_\_\_\_\_ What type of fuel is used for heat? \_\_\_\_\_ Grade of fuel oil? \_\_\_\_\_  
Fuel Company Provider: \_\_\_\_\_ Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**SECTION F – AFFIDAVIT**

By signing below, I hereby affirm that under penalty of perjury and those imposed by the Township of Hamilton that the contained statements are true and correct to the best of my knowledge and belief.

Signature of Owner/Agent: \_\_\_\_\_  
Signature of Co-Owner/Agent: \_\_\_\_\_  
Signature of Fire Prevention Official: \_\_\_\_\_

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