

**THIS STATEMENT IS TO BE FILED WITH THE MUNICIPAL CLERK**

LANDLORD IDENTITY REGISTRATION REGULATIONS

S:29-1.1 APPLICABILITY

(A) PURSUANT TO N.J.S.A. 46:8-28 AND 46:8-29, THE FORM PRESCRIBED BY THIS SUBCHAPTER IS REQUIRED TO BE GIVEN BY LANDLORDS TO TENANTS IN SINGLE UNIT DWELLINGS AND IN TWO-UNIT DWELLINGS THAT ARE NOT OWNER-OCCUPIED AND **TO BE FILED IN THE OFFICE OF THE CLERK OF THE MUNICIPALITY IN WHICH ANY SUCH SINGLE UNIT DWELLING OR TWO-UNIT DWELLING IS SITUATED.**

(B) TENANTS IN MULTIPLE DWELLINGS ARE REQUIRED TO BE GIVEN A COPY OF THE CERTIFICATE OF REGISTRATION FILED WITH THE BUREAU OF HOUSING INSPECTION IN ACCORDANCE WITH N.J.S.A. 55:A-12, N.J.S.A. 46:8-28 AND N.J.A.C. 5:10-1.11.

*(CONTACT THE BUREAU OF HOUSING INSPECTION, P.O. BOX 810, TRENTON, NEW JERSEY 08010 - 609-633-6240 FOR REGISTRATION APPLICATIONS FOR BUILDINGS WITH THREE OR MORE DWELLING UNITS)*

THIS FORM IS TO BE FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED TO TENANTS

**LANDLORD IDENTITY STATEMENT**  
**ONE AND TWO-UNIT DWELLING REGISTRATION FORM**  
**N.J.A.C. 5:29-1.2 THROUGH 5:29-2.2**

BUILDING ADDRESS:

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PURSUANT TO N.J.S.A. 46:8-27 THROUGH 37

5:29 1.2 ONE AND TWO-UNIT DWELLING REGISTRATION FORM

(A) THE FORM OF THE CERTIFICATE OF REGISTRATION TO BE FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED *TO* TENANTS BY OWNERS *OR* NON-OWNER OCCUPIED ONE AND TWO-UNIT DWELLINGS SHALL BE SUBSTANTIALLY AS FOLLOWS:

REGISTRATION STATEMENT FOR ONE-DWELLING UNIT RENTAL OR  
TWO-DWELLING UNIT NON-OWNER OCCUPIED PREMISES IN ACCORDANCE WITH  
NEW JERSEY STATUTE 46:8-28.

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Address of Dwelling: \_\_\_\_\_

Total Number of Dwelling Units: \_\_\_\_\_

1. Name of Owner of Record: \_\_\_\_\_

Name of Owner of Rental Business, if not Building Owner: \_\_\_\_\_

\_\_\_\_\_

2. If Owner is Corporation, Name and Address of Agent: \_\_\_\_\_

\_\_\_\_\_

3. If Owner does not reside or have offices in this County, please give name of Authorized Agent who does have residence or office in MORRIS County:

\_\_\_\_\_

\_\_\_\_\_

4. Name and Address of Managing Agent, if any: \_\_\_\_\_

\_\_\_\_\_

5. Name and Address of Superintendent, Janitor, Custodian or Other Individual Employed by Owner of Record or Managing Agent providing regular maintenance service:

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

6. Name, Address, and Telephone Number of an Individual Representative of the Record Owners or Managing Agent who may be reached at any time in the event of an emergency affecting any part of the premises and who has the authority to make emergency decisions concerning the building and repairs thereto or expenditures in connection therewith:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Name and Address of any and all holders of mortgages on property:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City & State)                      (Zip)

\_\_\_\_\_  
(City & State)                      (Zip)

8. Fuel Oil Supplier: \_\_\_\_\_

Grade of Fuel Used: \_\_\_\_\_

Statement Prepared By: \_\_\_\_\_

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