

Township of Woodbridge

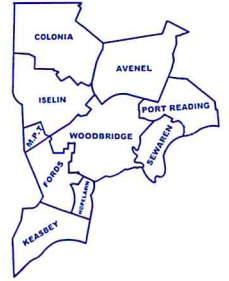
John E. McCormac, Mayor

Department of Planning and Development

Bureau of Housing

One Main Street • Woodbridge, New Jersey 07095

Tel: (732) 602-6009 • Fax: (732) 726-2393



Woodbridge - Ten Towns, One Community

Please MAIL form with payment to:

Woodbridge Town Hall

1 Main Street 3rd Floor

Woodbridge, NJ 07095

Attn: Housing Bureau, Virginia Gordon or Francesca Yanak

CHECKS PAYABLE TO: WOODBRIDGE TOWNSHIP

RENTAL REGISTRATION FORM SINGLE & MULTIPLE UNIT RENTAL

1) Rental Property street address: _____ Block _____ Lot _____

CIRCLE TOWN (Avenel 07001) (Colonia 07067) (Fords 08863) (Hopelawn 08861) (Iselin 08830)

(Keasbey 08832) (Menlo Park Terrace 08840) (Port Reading 07064) (Sewaren 07077) (Woodbridge Proper 07095)

2) Owner(s) address: (Please note; **DO NOT** take the yellow carbon copy off the second form)

Name: _____

Address: _____ Town: _____ State: _____ Zip Code _____

Telephone #: _____ **Email Required:** _____

3) Person responsible for management of rental unit (if different than owner)

Name: _____ Email: _____

Address: _____ Telephone #: _____

4) List all Rental Units including number of bedrooms, number of persons authorized to reside at rental unit, name of ALL tenants (including children) and move in date. (Add additional sheets if necessary):

Unit # # of Bedrooms # Adults/children Names of ALL Tenants including children Move in Date

Unit #	# of Bedrooms	# Adults/children	Names of ALL Tenants including children	Move in Date

5.) **IS THIS AN OWNER OCCUPIED RESIDENCE?** YES ___ NO ___ (IF YES, ATTACH COPY OF DRIVERS LICENSE)

I certify that the foregoing statements are true; I understand if the foregoing statements are knowingly false, I am subject to penalty.

Signature of owner/landlord

Date

6.) **SINGLE FAMILY RENTALS ONLY: SCHEDULE THE INSPECTION DIRECTLY WITH YOUR TENANT?**

YES ___ CALL THE TENANT AT PHONE # _____ NO ___ CALL OWNER AT NUMBER ABOVE

PLEASE NOTE: INSPECTIONS FOR RENTALS WITH 2-9 UNITS MUST BE SET UP BY OWNER/MANAGER.

Date: _____

**TOWNSHIP OF WOODBRIDGE
DEPARTMENT OF PLANNING & DEVELOPMENT
RENTAL/DWELLING UNIT OWNER**

Name of Owner _____

Owner Address - Street _____

Town _____ State _____

Owner Telephone # _____

Rental Property Location _____

Tenant Phone Number _____

(Check One) Single Family Rental _____ Apt. #s _____

ALL TIMES SCHEDULED WILL BE A ONE HOUR WINDOW
Failure to register as rental will result in court summons

TENANTS / LIST ALL NAMES

MOVE IN DATE

Owner/Rep. (Signature): _____ hereby certifies that the aforementioned premises have, in their judgement, been maintained in accordance with the laws of the Township of Woodbridge, T.O. #97-19, 1997, and has requested an inspection of the premises. **Inspections will be carried out between the hours of 9:00AM & 2:00PM on regular business days.**

NOTE: It is understood that if the inspection on the above authorization cannot be conducted by any reason attributable to the tenant, private lock, failure to keep appointment, etc., the Township of Woodbridge and _____ will automatically construe same as tenant's representation that he/she is satisfied with the condition of the unit and there are no defects that would detract from the units habitability, and that all smoke detectors are functioning properly. This does not apply to re-inspections. For all makeup inspections, a fee of \$50.00 is due with/without a physical inspection.

OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

The aforementioned premises have been inspected in accordance with the requirements of the Township.

- Approved for Unconditional Certificate of Habitability
- Approved for Temporary Certificate of Habitability, Until _____

First Inspection Date: _____ Re-Inspection Date _____

Inspectors Signature

Inspectors Signature

Inspection Date _____ Day _____ Time _____ Check # _____

Inspection Date _____ Day _____ Time _____ Amount _____

Inspection Date _____ Day _____ Time _____ Date _____

Inspection Date _____ Day _____ Time _____