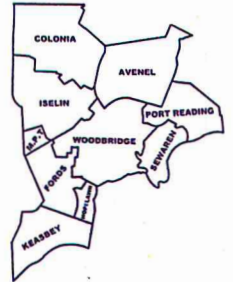




Township of Woodbridge

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 return completed form to:

Woodbridge Town Hall
1 Main Street 3rd Floor
Woodbridge, NJ 07095

**RENTAL /DWELLING UNIT OWNER
SINGLE & MULTIPLE UNIT RENTAL
REGISTRATION FORM**

Attn: Housing Bureau, Virginia Gordon OR Jenn Maisano

CHECKS PAYABLE TO: WOODBRIDGE TOWNSHIP

1) Address of Rental Property: _____ Block _____ Lot _____
Town: _____ Zip Code _____

2) Owner(s): (add additional sheets if necessary)

Name: _____
Address: _____ Town: _____ State: _____ Zip Code _____
Telephone#: _____
Email:- _____

3) Name, Address and Telephone number of person responsible for management of rental unit:

Name: _____
Address: _____
Telephone #: _____

4) Name of contact in the event of emergency:

Name: _____
Address: _____

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

Number of Rooms Number of Bedrooms Authorized Residents Name of Tenant Move in Date
Adults/Children

	<u>Number of Rooms</u>	<u>Number of Bedrooms</u>	<u>Authorized Residents</u> Adults/Children	<u>Name of Tenant</u>	<u>Move in Date</u>
a)					
b)					
c)					
d)					

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

Please indicate if owner occupied Yes _____ No _____ (ATTACH COPY OF DRIVERS LICENCE IF OWNER OCCUPIED)

Signature of owner/landlord

Date

SCHEDULE INSPECTION DIRECTLY WITH TENANT? (APPLIES TO **SINGLE FAMILY ONLY**) YES _____ NO _____

PHONE # TO SCHEDULE INSPECTION _____

(PLEASE NOTE: 2-9 FAMILY RESIDENCE MUST BE SCHEDULED WITH OWNER/MANAGER)

Township Web Address
www.twp.woodbridge.nj.us