



**FREEHOLD TOWNSHIP RENTAL PROPERTY APPLICATION  
& INITIAL LANDLORD REGISTRATION**

**{Please type or print legibly}**

Date Received: \_\_\_\_\_.

Registration# LR-\_\_\_\_\_.

Application Fee: \_\_\_\_\_.

**SECTION – 1**

**RENTAL PROPERTY INFORMATION:**

Address: \_\_\_\_\_, Block # \_\_\_\_\_, Lot # \_\_\_\_\_.

Building# (If applicable) \_\_\_\_\_, Unit# \_\_\_\_\_, Total # of Units per Bldg: (If applicable) \_\_\_\_\_.

Total # of Bedrooms: \_\_\_\_\_.

Heating Source: (Please circle one) Natural Gas Electric Propane Fuel Oil

If fuel oil is used, please provide below the name and address of the fuel oil Dealer servicing the unit and the grade of fuel oil used.

Fuel Oil Dealer: \_\_\_\_\_.

Phone # \_\_\_\_\_.

Grade of Oil: \_\_\_\_\_.

**SECTION – 2**

**OWNER INFORMATION:** (Provide Copy of Photo I.D.)

Please list below the name and address of all record owners of the rental property, building or the rental business. This must include: all general partners in the case of a partnership, all members in the case of a Limited Liability Company, and all shareholders in the case of a Corporation.

Owner's Name: (Last, First) \_\_\_\_\_.

Owner's Address: (P.O. Box not acceptable) \_\_\_\_\_.

County: \_\_\_\_\_. (Note: If the owner does not reside in Monmouth County then an in county representative's contact information **must** be provided below.)

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

(Please provide no less than two telephone numbers where you may be reached during both day and evening hours & at least one e-mail address.)

If Record Owner is **not** a Corporation: (Place check mark) \_\_\_\_\_.

If Record Owner is a Corporation, please list the names and addresses of the Registered Agent and of the Corporate officers as follows:

Corporation/Partnership Name(s): \_\_\_\_\_  
\_\_\_\_\_.

List additional Owners and addresses: (If applicable) \_\_\_\_\_  
\_\_\_\_\_.

\*List below the **Name and Address** of all holders (**bank, equity loan, mortgage**, etc) recorded on this property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

No Mortgage on Property: (Place check mark) \_\_\_\_\_.

**MONMOUTH COUNTY REPRESENTATIVE:** (Provide Copy of Photo I.D. To Verify Address)

If **Owner of Record is NOT** located in Monmouth County, then please provide below: the name, address, and telephone number(s) of a person who resides in Monmouth County and is authorized to accept notices from a tenant or municipality, to issue receipts for these notices and to accept service of process on behalf of the record owner, and who can also serve as an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency with authority to make emergency decisions concerning the building or unit, including the making of repairs.

Authorized Agent Name: \_\_\_\_\_.

Address: \_\_\_\_\_  
\_\_\_\_\_.

Work Phone: \_\_\_\_\_ . Mobile: \_\_\_\_\_ . Home Phone: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

(Please provide no less than two telephone numbers where you may be reached during both day and evening hours & at least one e-mail address.)

\* **Emergency Contact:** (Mandatory Requirement)

Name: \_\_\_\_\_.

Address: \_\_\_\_\_  
\_\_\_\_\_.

Work Phone: \_\_\_\_\_ . Mobile: \_\_\_\_\_ . Home Phone: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

(Please provide no less than two telephone numbers where your emergency contact may be reached during both day and evening hours & at least one e-mail address.)

**SECTION – 3**

**MANAGING AGENT INFORMATION:** (If Applicable)

Managing Agent/Company Name: \_\_\_\_\_.

Address: \_\_\_\_\_  
\_\_\_\_\_.

Work Phone: \_\_\_\_\_, Mobile: \_\_\_\_\_, Home Phone: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

There is **no** Managing Agent: (Place check mark) \_\_\_\_\_.

If applicable: Please provide the name, address and phone number of the Superintendent, Janitor, Custodian or other person employed to provide regular maintenance services.

Name of Super/Custodian/Janitor, etc. \_\_\_\_\_.

Address: \_\_\_\_\_  
\_\_\_\_\_.

Work Phone: \_\_\_\_\_, Mobile: \_\_\_\_\_, Home Phone: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

(Please provide no less than two telephone numbers where you may be reached during both day and evening hours & at least one e-mail address.)

\_\_\_\_\_  
**Landlord or Authorized Representative (Print & Sign)**

\_\_\_\_\_  
**Date**



FREEHOLD TOWNSHIP TENANT INFORMATION

SECTION – 4

Date Received: \_\_\_\_\_.

Registration # LR-\_\_\_\_\_.

TENANT INFORMATION:

FOR EACH RENTAL UNIT---you MUST provide the NAME, AGE and GENDER of EACH AND EVERY TENANT IN THE RENTAL UNIT (not just on the lease), including children.

Address: \_\_\_\_\_, Block # \_\_\_\_\_, Lot # \_\_\_\_\_.

Apartment#/Unit# \_\_\_\_\_ Building# (if applicable) \_\_\_\_\_ #of Bdrms \_\_\_\_\_ # of Tenants \_\_\_\_\_

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>AGE</u>	<u>GENDER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



FREEHOLD TOWNSHIP FLOOR PLAN DETAIL

SECTION – 5

Date Received: \_\_\_\_\_.

Registration # LR-\_\_\_\_\_.

FLOOR PLAN SECTION:

Address: \_\_\_\_\_, Block # \_\_\_\_\_, Lot # \_\_\_\_\_.

FOR EACH UNIT: Please provide below, a **detailed layout /floor plan for this unit**, with accurate room dimensions. No space shall be used for sleeping purposes unless so designated as a sleeping area. Attach additional sheets, if needed.