



# ANNUAL LANDLORD REGISTRATION STATEMENT

1. Property Owner's Name: \_\_\_\_\_
2. Property Owner's Address: \_\_\_\_\_
3. Address of Rental Unit: \_\_\_\_\_
4. Name of Managing Unit: \_\_\_\_\_
5. Property owner/Managing Agent's Telephone Number: ( ) \_\_\_\_\_

## 6. PROPERTY DESCRIPTION:

- A. Total Residential Units: \_\_\_\_\_ Owner Occupied ( ) Yes ( ) No
- ( ) Apartment
  - ( ) Single Dwelling
  - ( ) Multi-Dwelling
  - ( ) Other \_\_\_\_\_

B. Number of Bedrooms: \_\_\_\_\_

## 7. HOUSING SERVICES:

A. Rent includes: (If included in rent put YES, if not put NO)

- |                          |                             |
|--------------------------|-----------------------------|
| 1. Water ( ) Y ( ) N     | 2. Heat ( ) Y ( ) N         |
| 3. Electric ( ) Y ( ) N  | 4. Gas ( ) Y ( ) N          |
| 5. Hot Water ( ) Y ( ) N | 6. Sewer ( ) Y ( ) N        |
| 7. Stove ( ) Y ( ) N     | 8. Refrigerator ( ) Y ( ) N |
| 9. Other: _____          | 10. Furniture ( ) Y ( ) N   |

8. Is the building subsidized (Federal or State) ( ) Y ( ) N if Yes, what program?  
\_\_\_\_\_

**\*\*\*\*Note\*\*\*\*LEASE CLEARLY FILL IN ALL INFORMATION STATED BELOW, AND IF THERE ARE ANY VACANT UNITS, PLEASE LIST THE LAST RENT PAID. DO NOT LEAVE THE SPACE BLANK. (LARGE COMPLEXES MAY ATTACH RENT ROLLS)**

TENANT'S NAME	VACANT UNIT	PROPERTY ADDRESS	NUMBER OF BEDROOMS	PRESENT RENT	DATE OF LAST INCREASE

**ANNUAL REGISTRATION FEES:**  
 (SECTION 443-26 A - REQUIRES THAT ALL UNITS BE REGISTERED WHETHER OCCUPIED/VACANT)  
**\$21.00 PER UNIT**  
 PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF CAMDEN  
 MAIL TO: DEPARTMENT OF CODE ENFORCEMENT  
 OFFICE OF RENT CONTROL  
 520 MARKET STREET  
 ROOM 101  
 CAMDEN, NEW JERSEY 08101-95120  
**PROPERTIES ARE TO BE REGISTERED BY JANUARY 1<sup>ST</sup> January 31<sup>ST</sup>**

I HEREBY CERTIFY THAT THE FOREGOING STATEMENT MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER THE PENAL PROVISIONS OF THE RENT CONTROL ORDINANCE.

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

DATE REGISTERED: \_\_\_\_\_ RECEIPT # \_\_\_\_\_ YEAR: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_