



ANNUAL RENT CONTROL LANDLORD REGISTRATION STATEMENT

1. PROPERTY OWNER'S NAME _____
2. PROPERTY OWNER'S ADDRESS _____
3. ADDRESS OF RENTAL UNIT _____
4. NAME OF MANAGER _____
5. PROPERTY OWNER/MANAGING AGENT'S PHONE NUMBER _____

6. PROPERTY DESCRIPTION

- A. TOTAL RESIDENTIAL UNITS _____ OWNER OCCUPIED () YES () NO
 () APARTMENT
 () SINGLE FAMILY DWELLING
 () MULTI-DWELLING
 () OTHER

B. NUMBER OF BEDROOMS _____

7. HOUSING SERVICES

A. RENT INCLUDES (IF INCLUDED IN RENT MARK YES, IF NOT MARK NO)

- | | |
|--------------------------|-----------------------------|
| WATER () YES () NO | HEAT () YES () NO |
| ELECTRIC () YES () NO | GAS () YES () NO |
| HOT WATER () YES () NO | SEWER () YES () NO |
| STOVE () YES () NO | REFRIGERATOR () YES () NO |
| OTHER _____ | FURNITURE () YES () NO |

8. IS BUILDING SUBSIDIZED (FEDERAL OR STATE) () YES () NO, IF YES WHICH PROGRAM?

****NOTE**** CLEARLY FILL IN ALL INFORMATION LISTED BELOW INDICATE IF THERE ARE ANY VACANT UNITS, FILL IN THE LAST RENT PAID FOR THAT UNIT, DO NOT LEAVE THE SPACE BLANK (LARGE COMPLEXES MAY ATTACH RENT ROLLS)

TENANTS NAME	VACANT OR OCCUPIED	NUMBER OF BEDROOMS	PRESENT RENT	DATE OF LAST INCREASE

ANNUAL REGISTRATION FEES

(SECTION 443-26A - REQUIRES THAT ALL UNITS BE REGISTERED WHETHER OCCUPIED OR VACANT)

- | | | |
|-------------------|-------------------|--------|
| LATE FEES: | 20% AFTER 10 DAYS | \$5.00 |
| | 30% AFTER 30 DAYS | \$7.50 |
| | 35% AFTER 60 DAYS | \$8.75 |

PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO: CITY OF CAMDEN
 MAIL TO: CITY OF CAMDEN
 DEPARTMENT OF CODE ENFORCEMENT
 OFFICE OF RENT CONTROL
 520 MARKET STREET - CITY HALL, ROOM 101
 CAMDEN, NEW JERSEY 08101

PROPERTIES MUST BE REGISTERED BY JANUARY 31ST

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE 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 _____