



DEPARTMENT OF CODE ENFORCEMENT
CITY OF CAMDEN
NEW JERSEY

Bureau of Housing Inspections
TEL: (856) 757-7075

FRANCISCO "FRANK" MORAN
MAYOR

NOTICE

ATTENTION ALL LANDLORDS AND/OR AGENTS
YOU MUST REGISTER YOUR RENTAL PROPERTY

Annual Rent Control Registration Fees: \$25.00 (DUE January 31st)

Late Fees: 20% after 10 days – add \$5.00
 30% after 30 days – add \$7.50
 35% after 60 days – add \$8.75

A new format has been established if you have multiple properties (3 or more units). **Please make note of the following changes:**

- You can use **one** application
 - If the owner is a company, trade name, LLC, LLP, INC, **owner information is required** (name, legal address & telephone)
 - **PO Box address will NOT be accepted**
 - If the owner is out of state, a New Jersey agent is needed.
- Pay with one (1) check for all properties at the time of registration
- Attach rent rolls or spread sheet and **include:**
 - Property address
 - Unit Type (single family, duplex)
 - Block & lot of each unit address
 - Tenant(s) name
 - Date of move in
 - Current monthly rent/ rent increase date, if applicable
 - Number of bedrooms

NOTE: Properties that are Section 8 approved are not considered subsidized (please do not check off or mark that box).

INSPECTION DATE

DATE: _____, 20__

TIME: 9:00 AM – 12:00 PM

2:15 PM – 3:30 PM



TYPE

\$100.00 (SINGLE FAMILY DWELLING)

\$50.00 (DUPLEX PER UNIT)

AMOUNT PAID \$ _____

**CITY OF CAMDEN
DEPARTMENT OF CODE ENFORCEMENT/BUREAU OF HOUSING**

RENTAL APPROVAL APPLICATION

DATE _____

LOCATION OF PREMISES: _____ BLOCK _____ LOT _____

OWNER'S INFORMATION

NAME: _____

ADDRESS: _____
(NO POST OFFICE BOX ACCEPTED)

TELEPHONE #: _____

AGENT'S INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

TENANT'S INFORMATION/NUMBER OF OCCUPANTS

NAME: _____

TELEPHONE #: _____

- ALL UTILITIES MUST BE ON AT THE TIME OF INSPECTION
- FEE INCLUDES ONE INSPECTION AND ONE RE-INSPECTION, ANY ADDITIONAL INSPECTIONS WILL COST \$25.00 AND MUST BE PAID PRIOR TO SCHEDULING
- FAILURE TO KEEP APPOINTMENT CAN RESULT IN A NO-SHOW PENALTY OF \$90.00



**CITY OF CAMDEN
OFFICE OF THE MUNICIPAL CLERK**

City Hall, Room #105 - PO Box 95120
Camden, NJ 08101-5120
(856) 757-7223, (856) 757-7112
FAX - (856) 757-7220

Landlord Registration

FOR OFFICE USE ONLY

1. PREMISES: (ADDRESS OF RENTAL PROPERTY)

2. Name(s) and address(s) of record OWNER(s) of the premises and the record owner(s) of the rental business, if not the same person(s).

OWNER 1: _____ OWNER 2: _____

ADDRESS 1: _____ ADDRESS 2: _____

(City) (State) (Zip) (City) (State) (Zip)

3. If record owner(s) is a Corporation, state the name and address of the registered agent and corporate officer(s) of said corporation:

CORPORATION: _____

CORPORATE OFFICER(S) _____

ADDRESS OF CORPORATE OFFICE: _____

4. If the address of record owner(s) is NOT located in Camden County, provide the name(s) and address(s) of an authorized person(s) (AGENT) who resides in or has an office in Camden County and is authorized to accept notices from a tenant(s), issue receipts and can accept services of process on behalf of the record owner(s):

AGENT 1: _____ AGENT 2: _____

ADDRESS 1: _____ ADDRESS 2: _____

5. Name(s), address(s) and telephone number(s) of an individual representative(s) of the record owner(s) who can be reached at any time in the event of an **EMERGENCY affecting the premises**, and who has the authority to make emergency decisions concerning the premises(s) and necessary repairs.

EMERGENCY 1: Name: _____ (Phone) _____

Address: _____

EMERGENCY 2: Name: _____ (Phone) _____

Address: _____

6. Name(s) and address(s) of every holder (Mortgage Company) or mortgage held by individual person(s) of a record mortgage on the premises:

MORTGAGE 1: _____

ADDRESS 1: _____

MORTGAGE 2: _____

ADDRESS 2: _____

7. Name(s) and address of the superintendent, janitor, custodian, or other individual(s) employed by the record owner(s) or managing agent to provide regular maintenance service. Include the dwelling unit, apartment or room number of said person(s).

MAINTENANCE 1:

(Name) (Address) (Phone #)

MAINTENANCE 2:

(Name) (Address) (Phone #)

_____ (Print name of owner 1)	_____ (Signature 1)
_____ (Print name of owner 2)	_____ (Signature 2)
Date: _____	

IMPORTANT NOTICE:

IF THERE IS A CHANGE OF THE INFORMATION STATED IN THIS FORM, THE LANDLORD (OWNER(S)/CORPORATION OR REALTOR) MUST AMEND THE STATEMENT WITHIN SEVEN (7) DAYS OF SAID CHANGE. THE LANDLORD IS REQUIRED TO SEND A COPY OF THE LANDLORD REGISTRATION TO EACH TENANT(S) OR POST IT IN THE LOBBY OF THE BUILDING OR SOME OTHER CONSPICUOUS SPACE.

**Municipal Clerk's Office
Revision 2012**