



ANNUAL RENT CONTROL LANDLORD REGISTRATION STATEMENT

FOR YEAR _____

1. PROPERTY OWNER'S NAME _____

2. PROPERTY OWNER'S ADDRESS _____

3. NAME OF MANAGER _____

4. PROPERTY OWNER/MANAGING AGENT'S PHONE NUMBER _____

5. PROPERTY DESCRIPTION

A. TOTAL RESIDENTIAL UNITS _____ OWNER OCCUPIED () YES () NO

- () APARTMENT
- () SINGLE FAMILY DWELLING
- () MULTI-DWELLING
- () OTHER

B. NUMBER OF BEDROOMS _____

6. HOUSING SERVICES

A. RENT INCLUDES (CHECK ALL THAT APPLIES.)

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> WATER | <input type="checkbox"/> HEAT |
| <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> GAS |
| <input type="checkbox"/> HOT WATER | <input type="checkbox"/> SEWER |
| <input type="checkbox"/> STOVE | <input type="checkbox"/> REFRIGERATOR |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> FURNITURE |

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

8. CLEARLY FILL IN ALL INFORMATION LISTED BELOW. INDICATE IF THERE ARE ANY VACANT UNITS AND FILL IN THE LAST RENT PAID FOR THAT UNIT. DO NOT LEAVE THE SPACE BLANK. NOTE: ALL MULTIPLE FAMILY DWELLINGS MUST ATTACH THEIR RENT ROLLS.

RENTAL ADDRESS	TYPE	BLOCK/ LOT	TENANT'S NAME	MOVE-IN DATE	PRESENT RENT	REF # <small>(FOR OFFICE USE ONLY)</small>

ANNUAL REGISTRATION FEES

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

\$25.00 PER UNIT

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; 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 _____