



MONROE TOWNSHIP HOUSING OFFICE
 125 VIRGINIA AVENUE
 WILLIAMSTOWN, NJ 08094
 856-728-9800 ext. 289
 856-629-2143 (fax)
 www.monroetownshipnj.org

OFFICE USE ONLY	
REF#	_____
OP	_____
W	_____ S _____

RENTAL APPLICATION			
PROPERTY INFORMATION FOR ADDRESS TO BE INSPECTED (PLEASE INCLUDE APT #)			
ADDRESS:	BLOCK:	LOT:	Qual:
Apt #	Development Name:		
Type of Dwelling:	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Two-Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Twin <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____		
OWNER INFORMATION			
NAME:		PHONE #:	
ADDRESS:			
Email:	Fax #:		
Emergency Contact Name :	Phone #:		
Fax #	Email:		
TENANT INFORMATION			Move in Date:
TENANT'S NAME:		Phone #:	
Other Occupants:			
# of Bedrooms:	# of Occupants:	# of Children:	Email:

FEE IS PER AMOUNT OF UNITS ON BLOCK & LOT: (1-5 - \$35 EACH) (6-10 - \$25 EACH) (11 OR MORE - \$20 EACH)

ONE APPLICATION PER UNIT

RE-INSPECTION/NO-SHOW FEE - \$25

Make checks Payable to "Monroe Township Housing" ** INSPECTIONS ARE ONLY VALID FOR 60 DAYS.**

NOTE: IT IS UNLAWFUL FOR THE OWNER OF ANY DWELLING UNIT TO RENT OR SELL SAID DWELLING UNIT THAT HAS RECEIVED A COMPLIANCE ORDER OR A NOTICE OF VIOLATION BEFORE CORRECTIONS OR REPAIRS ARE MADE. FURTHERMORE, ALL WORK THAT IS RELATED TO OPEN CONSTRUCTION PERMITS MUST BE COMPLETED AND PERMIT CLOSED OUT PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY. THIS DWELLING IS NOT TO BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED BY THE HOUSING INSPECTOR OF MONROE TOWNSHIP. A \$100 PENALTY WILL BE CHARGED FOR NON COMPLIANCE.

**CERTIFICATE OF REGISTRATION OF RENTAL UNIT
 (THIS CERTIFICATION IS STRICTLY FOR ONE AND TWO FAMILY DWELLINGS)**

SUSAN MCCORMICK, RMC **DATE**

I SWEAR THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AGREE TO COMPLY WITH THE INFORMATION LISTED ABOVE

X X X

SIGNATURE OF OWNER OR AGENT **DATE** **PRINT NAME**

OFFICE USE ONLY:			
_____	DATE RECEIVED	_____	AMOUNT PAID
_____	RECEIVED BY		_____
METHOD OF PAYMENT : _____ CHECK NUMBER _____ CASH			
CREDIT CARD - LAST 4 DIGITS _____ EXP DATE _____			
DATE OF INSPECTION		TIME FRAME	