



MONROE TOWNSHIP HOUSING OFFICE

125 VIRGINIA AVENUE
 WILLIAMSTOWN, NJ 08094
 856-728-9800 ext. 289
 856-629-2143 (fax)

swiley@monroetownshipnj.org

REF # _____

OFFICE USE ONLY	
OP _____	_____
WD _____	_____
SD _____	_____
VPF _____	_____

RENTAL APPLICATION <small>**ONE APPLICATION PER UNIT**</small>			
PROPERTY INFORMATION FOR ADDRESS TO BE INSPECTED (PLEASE INCLUDE APT #)			
ADDRESS:	BLOCK:	LOT:	Qual:
Apt #	WELL: YES OR NO	SEPTIC: YES OR NO	DEVELOPMENT NAME:
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:

**** INSPECTIONS ARE ONLY VALID FOR 60 DAYS. ****

FEES:

\$50 YEARLY REGISTRATION PER RENTAL UNIT IF PAID BEFORE APRIL 1ST

\$100 LATE FEE IF PAID AFTER APRIL 1ST

\$50 FOR EACH CHANGE OF TENANT

\$100 PENALTY FOR OCCUPYING WITHOUT A CERTIFICATE OF OCCUPANCY

\$25 RE-INSPECTION/NO-SHOW FEE

Make checks Payable to "Monroe Township Housing"

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

SIGNATURE OF OWNER OR AGENT

 DATE

 PRINT NAME

<u>OFFICE USE ONLY:</u> _____ DATE RECEIVED _____ RECEIVED BY
OWNER MATCH TAX RECORDS: YES NO LAST RENTAL INSPECTION DATE: _____
_____ AMOUNT PAID METHOD OF PAYMENT : _____ CHECK NUMBER CASH MONEY ORDER CREDIT CARD - LAST 4 DIGITS _____ EXP DATE _____ TYPE OF CARD _____
DATE OF INSPECTION _____ TIME FRAME _____
REVISED 3/1/2019