



MONROE TOWNSHIP HOUSING OFFICE  
 125 VIRGINIA AVENUE  
 WILLIAMSTOWN, NJ 08094  
 856-728-9800 ext. 296 or 289  
 856-629-2143 (fax)

GHU#PRQRHWRQKSMRUJR Usmurphy@monroetownshipnj.org

REF # \_\_\_\_\_

APPLICATIONS SHOULD BE SUBMITTED 3-4 WEEKS PRIOR TO CHANGE OF TENANT

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

RENTAL APPLICATION <input type="checkbox"/>			
PROPERTY INFORMATION FOR ADDRESS TO BE INSPECTED (PLEASE INCLUDE APT #)			
ADDRESS:	BLOCK:	LOT:	
\$ <u>        </u>	WELL: <u>YHV RU NR</u>	SEPTIC: <u>YHVRUJR</u>	DEVELOPMENT NAME:
OWNER INFORMATION			
<u>DPH</u>	Phone #		
Address:			
<u>ID</u>	<u>(PDLD:</u>		
Emergency Contact Name :	Phone #		
Fax #:	Email:		
TENANT INFORMATION			Move-in Date:
TENANT'S NAME:	Phone #:		
Other Occupants:			
# of Bedrooms:	# of Occupants:	# of Children:	Email:

PLEASE MAIL APPLICATION & PAYMENT BY CHECK OR MONEY ORDER ONLY, NO CASH OR CREDIT CARDS

- \$50 **NON-REFUNDABLE** yearly registration fee per rental unit if paid before April 1st
- \$100 Late fee if paid **AFTER** April 1st
- \$50 **NON-REFUNDABLE** fee for each change of tenant
- \$25 **NON-REFUNDABLE** re-inspection / no show fee
- \$100 Penalty for occupying without a certificate of occupancy

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
 SIGNATURE OF OWNER OR AGENT                      DATE                      PRINT NAME

OFFICE USE ONLY:			
_____	_____	Date received	_____
	_____	Received by	_____
	_____		Amount paid
M	_____	_____	_____
	_____	_____	_____
	_____	_____	_____