



MONROE TOWNSHIP HOUSING OFFICE  
 125 VIRGINIA AVENUE  
 WILLIAMSTOWN, NJ 08094  
 856-728-9800 ext. 289 or 296  
[smurphy@monroetownshipnj.org](mailto:smurphy@monroetownshipnj.org)  
[jdailey@monroetownshipnj.org](mailto:jdailey@monroetownshipnj.org)

OFFICE USE ONLY	
OP	_____
VPF	_____
WD	_____
SD	_____
YR. BUILT	_____

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

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

RENTAL APPLICATION <b>**ONE APPLICATION PER UNIT**</b>				
<b>PROPERTY INFORMATION FOR ADDRESS TO BE INSPECTED (PLEASE INCLUDE APT #)</b>				
ADDRESS:	BLOCK:	LOT:	Qual:	
Apt #	WELL: YES or NO	SEPTIC: YES or NO	DEVELOPMENT NAME:	
<b>OWNER INFORMATION</b>				
NAME:	PHONE #:			
ADDRESS:				
Email:				
Emergency Contact Name:	Phone#	Email:		
<b>TENANT'S INFORMATION</b>				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 NON-REFUNDABLE YEARLY REGISTRATION PER RENTAL UNIT IF PAID BEFORE APRIL 1ST**

**\$100 LATE FEE IF PAID AFTER APRIL 1ST**

**\$50 NON-REFUNDABLE FOR EACH CHANGE OF TENANT**

**\$100 PENALTY FOR OCCUPYING WITHOUT A CERTIFICATE OF OCCUPANCY**

**\$25 NON-REFUNDABLE 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

X	X	X
SIGNATURE OF OWNER OR AGENT	DATE	PRINT NAME

**OFFICE USE ONLY**

LIABILITY INSURANCE RECEIVED: YES \_\_\_\_\_ NO \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

OWNER MATCH TAX RECORDS: YES \_\_\_\_\_ NO \_\_\_\_\_ LAST RENTAL INSPECTION DATE: \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ METHOD OF PAYMENT: CHECK NUMBER \_\_\_\_\_ CASH \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_ TIME FRAME \_\_\_\_\_