



FREEHOLD TOWNSHIP ANNUAL RENTAL PROPERTY RENEWAL APPLICATION

[Please type or print legibly]

Date Received: \_\_\_\_\_.

Registration # LR-\_\_\_\_\_.

Application Fee: \_\_\_\_\_.

RENTAL PROPERTY INFORMATION:

Address: \_\_\_\_\_, Block # \_\_\_\_\_, Lot # \_\_\_\_\_.

Building# (If applicable) \_\_\_\_\_, Unit# \_\_\_\_\_.

Total # of Bedrooms: \_\_\_\_\_, Total # of Tenants: \_\_\_\_\_, Approved Occupancy Load: \_\_\_\_\_.

OWNER INFORMATION: (Provide Copy of Photo I.D.)

Owner's Name: (Last, First) \_\_\_\_\_.

Owner's Address: (P.O. Box not acceptable) \_\_\_\_\_.

County: \_\_\_\_\_ (Note: If the owner does not reside in Monmouth county then an in county representative's contact information must be provided below.)

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

(Please provide no less than two telephone numbers where your emergency contact may be reached during both day and evening hours & at least one e-mail address.)

If the Record Owner is not a Corporation (Place check mark): \_\_\_\_\_.

If the Record Owner is a Corporation, please list the names and addresses of the Registered Agent and of the Corporate officers as follows:

Corporation/Partnership Name(s): \_\_\_\_\_.

List additional Owners and addresses: (if applicable) \_\_\_\_\_.

\*List below the **Name and Address** of all holders (**bank, equity loan, mortgage**, etc) recorded on this property:

\_\_\_\_\_

No Mortgage on Property: (Place check mark) \_\_\_\_\_.

**MONMOUTH COUNTY REPRESENTATIVE:** (Provide Copy of Photo I.D. To Verify Address)

Authorized Agent Name: \_\_\_\_\_.

Address: \_\_\_\_\_.

Work Phone: \_\_\_\_\_ . Mobile: \_\_\_\_\_ . Home Phone: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

(Please provide no less than two telephone numbers where your emergency contact may be reached during both day and evening hours & at least one e-mail address.)

**\* Emergency Contact:** (Mandatory Requirement)

Name: \_\_\_\_\_.

Address: \_\_\_\_\_.

Work Phone: \_\_\_\_\_ . Mobile: \_\_\_\_\_ . Home Phone: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

(Please provide no less than two telephone numbers where your emergency contact may be reached during both day and evening hours & at least one e-mail address.)

**MANAGING AGENT INFORMATION:** (If Applicable)

Please provide the name, address and phone number of the Superintendent, Janitor, Custodian or other person employed to provide regular maintenance services.

Name of Super/Custodian/Janitor, etc. \_\_\_\_\_.

Address: \_\_\_\_\_.

Work Phone: \_\_\_\_\_ . Mobile: \_\_\_\_\_ . Home Phone: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

(Please provide no less than two telephone numbers where your emergency contact may be reached during both day and evening hours & at least one e-mail address.)

