



# FREEHOLD TOWNSHIP ANNUAL RENTAL PROPERTY RENEWAL APPLICATION



{Please type or print legibly}

Date Received
Registration #
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 <b>must</b> be provided below.)		
Work Phone	Mobile Phone	Home Phone
E-Mail Address (Please provide no less than two telephone numbers where you 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:

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)



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

If Owner of Record is NOT located in Monmouth County, then please provide below: the name, address, and telephone number(s) of a person who resides in Monmouth County and is authorized to accept notices from a tenant or municipality, to issue receipts for these notices and to accept service of process on behalf of the record owner, and who can also serve as an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency with authority to make emergency decisions concerning the building or unit, including the making of repairs.

Authorized Agent's Name		
Address		
Work Phone	Mobile Phone	Home Phone
E-Mail Address (Please provide no less than two telephone numbers where your representative may be reached during both day and evening hours & at least one e-mail address.)		

## EMERGENCY CONTACT (Mandatory Requirement) Please provide a contact person other than previously stated owner's information.

Emergency Contact Name		
Address		
Work Phone	Mobile Phone	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 Phone	Home Phone
E-Mail Address (Please provide no less than two telephone numbers where your agent may be reached during both day and evening hours & at least one e-mail address.)		



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## TENANT INFORMATION

Please provide a copy of your most recent Certificate of Continued Occupancy for the current tenants. Accurate information is required and appreciated since we do confirm previous year's information with it. Thank you.

Move in date: \_\_\_/\_\_\_/\_\_\_

LAST NAME	FIRST NAME	AGE	GENDER

## FIRE SAFETY MAINTENANCE (Check Mark Required)

- All smoke detectors are maintained as approved, in working order, and batteries have been replaced within the year. In addition: All smoke detectors older than 10 years have been replaced in kind with the approved type.
- All carbon monoxide detectors are maintained as approved, in working order, and batteries have been replaced within the year. In addition: All carbon monoxide detectors have been replaced in kind as per manufacturer specifications.
- An ABC fire extinguisher is mounted on the kitchen wall and the pressure gauge reads full.

**Note: In addition to the Department of Housing and Fire Bureau requirements, as part of this application process it is the responsibility of the home owner to satisfy all building permit requirements on file with the Township of Freehold Construction Department. Failure to obtain all required building permits and/or close open or active permits may result in a summons, fine, and any other applicable penalties. By way of signature on this application, the Home Owner, Landlord or Authorized Representative is certifying that the aforementioned permit requirements are all met and all portions of this application are true to the best of their knowledge & acknowledges that the Township of Freehold Department of Housing may perform a scheduled annual inspections of the rental unit, in which it will be the landlord's responsibility to inform the tenant(s) of the inspection.**

\_\_\_\_\_  
Landlord or Authorized Representative (Print & Sign)

\_\_\_\_\_  
Date