NEW JERSEY DEPARTMENT OF
COMMUNITY AFFAIRS



New Jersey Department of Community Affairs
Division of Codes and Standards
Landlord-Tenant Information Service



REGULATIONS FOR THE LANDLORD IDENTITY REGISTRATION FORM

N.J.A.C. 5:29-1.1

Printed June 2011

5:29-1.1 Applicability

(a) Pursuant to N.J.S.A. 46:8-28 and 46:8-29, the form prescribed by this subchapter is required to be given by landlords to tenants in single unit dwellings and in two – unit dwellings that are not owner-occupied and to be filed in the office of the clerk of the municipality in which any such single unit dwelling or two-unit dwelling is situated.

(b) Tenants in multiple dwellings are required to be given a copy of the certificate of registration filed with the Bureau of Housing Inspection in accordance with N.J.S.A. 55:13A-12, N.J.S.A. 46:8-28 and N.J.A.C. 5:10-1.11. **(Contact the Bureau of Housing Inspection, P.O. Box 810, Trenton, New Jersey 08625 (609) 633-6240 for registration applications for buildings with three or more dwelling units)**

THE ATTACHED FORM IS TO BE FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED TO TENANTS IN SINGLE UNIT DWELLINGS AND IN TWO UNIT DWELLINGS THAT ARE NOT OWNER-OCCUPIED. **(DO NOT SEND THIS STATEMENT TO LANDLORD-TENANT INFORMATION SERVICE)**

Similar forms may be obtained from private sources. You may obtain a copy of the form by faxing your request to (609) 609-292-2839 or by writing to:

New Jersey Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
Landlord-Tenant Information Service
P.O. Box 805
Trenton, New Jersey 08625-0805

TOWNSHIP OF VERONA
COUNTY OF ESSEX, NEW JERSEY

TOWNSHIP MANAGER
KEVIN O'SULLIVAN
TOWNSHIP CLERK
JENNIFER KIERNAN

DEPUTY MANAGER
MICHAEL KRAUS
TOWNSHIP ATTORNEY
BRIAN J. ALOIA, ESQ.

VERONA COMMUNITY CENTER
880 BLOOMFIELD AVENUE
VERONA, NEW JERSEY 07044

MUNICIPAL BUILDING
600 BLOOMFIELD AVENUE
VERONA, NEW JERSEY 07044

(973) 239-3220
WWW.VERONANJ.ORG

DEPARTMENT OF PUBLIC WORKS
10 COMMERCE COURT
VERONA, NEW JERSEY 07044

OFFICE OF THE MUNICIPAL CLERK

THE NEW JERSEY LANDLORD REGISTRATION ACT

By law, every landlord of a dwelling, except owner- occupied premises with not more than two (2) rental units, must file with the clerk of the municipality in which the residential property is situated, or with the Bureau of Housing Inspection in the Department of Community Affairs, a certificate of registration *(N.J.S.A. 46:8-28)*.

If your building contains three (3) or more apartments, the landlord must register with:

New Jersey Department of Community Affairs
Bureau of Housing Inspection
PO Box 810
Trenton, New Jersey 08625-0810
(609) 633-6225

The Department of Community Affairs will forward a copy of the filed statement to the Municipal Clerk for the public records of the municipality.

In addition to the filing of the registration statement, landlords are required to provide each tenant with a copy of the registration certificate *(N.J.S.A. 46:8-28-29)*. The landlord should have the tenant sign and date a copy "received" when the tenant moves in and the record should be made a permanent part of the tenant's file.

NOTE: Complete the Registration Form (below) and either the "1 or 2 family affidavit" or the "owner occupied 1 or 2 family affidavit".

Jennifer Kiernan, RMC, CMC
Municipal Clerk

LANDLORD REGISTRATION FORM

Street Address:	Block:	Lot:	No. of units/apts.:

The name and address of the **record owners**. If such owners are a partnership, the name of all general partners. If such owners are a corporation, the name and address of the registered agent and corporate officers:

Name:	Phone:
Address:	

If the address of any record owner is not located in the county in which the premises is located, the name and address of a person who resides in the county in which the premises are located and is authorized to accept notices from a tenant and to issue receipt therefore and to accept service of process on behalf of the record owner:

The name and address of the **managing agent** of the premises:

Name:	Phone:
Address:	

The name and addresses, including the dwelling unit, apartment or room number of the **superintendent, janitor, custodian** or other individual employed by the record owner to provide regular maintenance service:

Name:	Phone:
Address:	

The name, address and telephone number of 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**:

Name:	Phone:
Address:	

The name and address of every **holder of a recorded mortgage** on the premises:

If fuel oil is used to heat the building and the landlord furnishes the heat in the building, the name and address of the fuel oil dealer servicing the building, and the grade of fuel oil used.

Name:	Address:

Signature of Owner:_____ Date:_____

Received by:_____

TOWNSHIP OF VERONA
LANDLORD IDENTITY REGISTRATION STATEMENT
ONE AND TWO-UNIT DWELLING REGISTRATION FORM
(Landlord Identity Law – N.J.S.A. 46:8-27 through 46:8-37)

**IMPORTANT* THIS FORM SHALL ONLY BE COMPLETED BY THE PREMISE OWNER OR ONE OF THE PREMISE OWNERS*

1. PREMISE LOCATION

_____
Street Address | Unit# | Phone

Essex | Township of Verona
County | Municipality

_____
Block | Lot | Qualifier

If additional space is required for any of the below questions, list additional names and addresses in number 9 of this form.

2. PREMISE OWNER(S) INFORMATION

The name and home address of the record owner(s). If such owner(s) are a partnership, the name and home address of all general partners. If such owners are a corporation, the name and address of the registered agent and corporate officers:

[ ] Individual(s) - # of _____ [ ] Partnership [ ] Corporation

Name: _____ Phone: _____

Address: _____

3. IN-COUNTY AUTHORIZED CONTACT

If the address of any record owner is not located in the county in which the premises is located, the name and address of a person who resides in the county in which the premises are located and is authorized to accept notices from a tenant and to issue receipt therefore and to accept service of process on behalf of the record owner:

[ ] The addresses of all record owners are within the County of Essex, New Jersey.

Name: _____ Phone: _____

Address: _____

4. MANAGING AGENT

The name and address of the managing agent of the premises, if any:

[ ] There is no managing agent.

Name: _____ Phone: _____

Address: _____

5. SUPERINTENDENT, JANITOR, CUSTODIAN

The name and address, including the dwelling unit (apartment or room number) of the superintendent, janitor, custodian or other individual employed by the record owner or managing agent to provide regular maintenance service, if any:

[ ] There is no superintendent, janitor, custodian, or other person employees to provide regular maintenance service.

Name: _____ Phone: _____

Address: _____

6. EMERGENCY CONTACT

The name, address and telephone number of 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 affecting the premises or any unit of dwelling space therein, including such emergencies as the failure of any essential service or system, and who has the authority to make emergency decisions concerning the building and any repair thereto or expenditure in connection therewith and shall, at all times, have access to a current list of building tenants that shall be made available to emergency personnel as required in the event of an emergency:

Name: _____ Phone: _____

Address: _____

7. MORTGAGE HOLDER

The name and address of every holder of a recorded mortgage on the premises:

☐ There is no recorded mortgage on the property.

Mortgage Holder: _____

Address: _____

8. HEATING FUEL PROVIDER

If fuel oil is used to heat the building and the landlord furnishes the heat in the building, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used:

☐ The building is not heated by fuel oil.
☐ The building is heated by fuel oil, but the landlord does not furnish heat.

Company Name: _____

Address: _____

24-Hour Phone: _____

9. ADDITIONAL INFORMATION

Use the below space if additional space was required for any of the aforementioned questions.

_____

_____

_____

_____

10. CERTIFICATION

By signing, I understand that my statements constitute representation as to your occupancy regarding the above referenced property. I certify the above declarations are true to the best of my knowledge and belief; and understand my declarations will be considered as if made under oath and subject to penalties for perjury if falsified.

_____

Signature of Premise Owner or Authorized Representative Completing Form Date

_____

Printed Name of Premise Owner or Authorized Representative Completing Form Date

IMPORTANT NOTE

Every landlord required to file this certificate of registration shall file an amended certificate of registration within 20 days after any change in the information required to be included thereon.

SEND COMPLETED FORMS TO YOUR TENANTS AND THE TOWNSHIP CLERK

600 Bloomfield Avenue,Verona, NJ 07044

JKiernan@VeronaNJ.org

TOWNSHIP OF VERONA
OWNER-OCCUPANCY AFFIDAVIT
(Landlord Identity Law – N.J.S.A. 46:8-27 through 46:8-37)

**IMPORTANT* THIS FORM SHALL ONLY BE COMPLETED BY THE PREMISE OWNER OR ONE OF THE PREMISE OWNERS*

1. PREMISE OWNER(S) NAME(S)

_____

2. PREMISE LOCATION

_____
Street Address | Unit# | Phone

Essex | Township of Verona
County | Municipality

_____
Block | Lot | Qualifier

_____
Mailing Address (if different than Premise Location)

With respect to the premises listed above, please complete section 3 for Owner Occupied two family units or section 4 for Non-Owner Occupied two family units and all other residential rental properties.

3. OWNER OCCUPIED TWO FAMILY

_____ (initial) I am (the/one of the) owner(s) of record of the premise listed above that is a two family building (two-dwelling units) and (I/at least one owner listed above) reside(s) in one or more of the dwelling units located on the premise.

If you selected this option, please initial one (1) of the following statements.

_____ (initial) The premise owners reside in both dwelling units located on the premise.

-OR-

_____ (initial) The premise owners reside in one of the dwelling units on the premise and the other dwelling unit is rented by a tenant or offered for rent.

If you selected this option, skip number 4 (Non-Owner Occupied) and proceed to number 5 (Certification). Return this affidavit to the Township Clerk's Office.

4. NON-OWNER OCCUPIED TWO FAMILY AND ALL OTHER RESIDENTIAL RENTAL PROPERTY REGARDLESS OF THE NUMBER OF UNITS

_____ (initial) I am (the owner/one of the owners) of record of the premise listed above which is a residential rental property that is <u>not</u> an owner occupied one or two family.

If you selected this option, please complete the attached Landlord Registration Form and return the completed form with this affidavit to the Township Clerk's Office.

5. CERTIFICATION

By signing, I understand that my statements constitute representation as to your occupancy regarding the above referenced property. I certify the above declarations are true to the best of my knowledge and belief; and understand my declarations will be considered as if made under oath and subject to penalties for perjury if falsified.

_____
Signature of Premise Owner Completing Form | Date

_____
Printed Name of Premise Owner Completing Form | Date

SEND COMPLETED FORMS TO YOUR TENANTS AND THE TOWNSHIP CLERK
600 Bloomfield Avenue,Verona, NJ 07044
JKiernan@VeronaNJ.org