



**FEEES:**

- Year 1 \$250.00 + \$75.00 per rental unit
- Year 2 \$50.00 per rental unit
- Year 3 \$25.00 per rental unit
- Year 4 \$25.00 per rental unit

Do not combine this fee with other borough fees.  
Please pay with separate check or cash.

**Borough of Highlands**  
151 Navesink Ave.  
Highlands, NJ 07732  
(732) 872-1224 Ext. 215  
www.highlandsborough.org

## ***Landlord Rental Property Registration Application***

- Required Per Ordinance 03-15 for registration of a building used for rental.
- INCOMPLETE, ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED. **PLEASE PRINT**
- **THIS FORM IS REQUIRED TO BE COMPLETED ONCE A YEAR**

Application Date: \_\_\_\_\_

### **PROPERTY INFORMATION**

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Property Address: \_\_\_\_\_  
Total number of rental units on property: \_\_\_\_\_ No. Of bedrooms: \_\_\_\_\_  
Have there been any summons against this property in the past year? (circle) Yes No

### **OWNERS INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **EMERGENCY CONTACT**

\*Must be a Resident of Monmouth County, who can receive Notices from Tenants & Borough\*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **MANAGING AGENT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **HEATING**

Is Fuel Oil used for heating? Yes No Grade of Fuel: \_\_\_\_\_

If Yes – Name of Fuel Oil Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Location of tank: \_\_\_\_\_



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### MORTGAGE HOLDER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### FLOOR PLAN

Has a Floor Plan been submitted to and approved by the Borough of Highlands Code Enforcement Officer? (circle)      Yes      No

### TENANT INFORMATION FOR EACH UNIT

Unit: \_\_\_\_\_ (If more than one unit please provide the Tenant Information on a copy of this form, to be attached.)

**NAMES:**

**AGE:**

**GENDER:**

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

*I certify that the above information is true and that all rental units have an active certificate of occupancy.*

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### \*\*FOR OFFICE USE ONLY\*\*

Registration Fee Amount: \$ _____	Registration No. _____
Cash _____ Check No. _____	Registration Year: _____
Copy Provided to Code Enforcement Officer: _____	State No. _____
Page 3 Provided to Clerk: _____	Date: _____



LANDLORD REGISTRATION CERTIFICATE

Pursuant to N.J.S.A. 46:8-26 et seq.

Borough of Highlands, County of Monmouth, State of New Jersey

Pursuant to the New Jersey Landlord Act, N.J.S.A. 46:8-26 et seq., I hereby file the following "Registration Statement of Landlord" with your office for the property located at \_\_\_\_\_, in the Borough of Highlands, County of Monmouth.

- 1. Name and address of property owner:
2. Name and address of owner of rental business:
3. If the owner is a corporation:
a. Name and address of registered agent of the corporation:
b. Name and address of officers of corporation:
4. Name of Person located in the county in which the property is located who is authorized by the owners of the property to accept and sign a receipt for notices from tenants and to issue receipt therefore and to accept process of such:
5. Name, address, and phone of managing agent (if any):
6. Name and address (including apartment number) of maintenance employee (if any):
7. Name, address, phone, and email of an individual representative of the owner or managing agent who may be contacted in the event of an emergency having the authority to make emergency decisions, who will be available 24 hours per day:
8. Name and address of all holders of recorded mortgages:
9. Name and address of fuel oil dealer servicing and the fuel oil grade, if applicable:

LANDLORD'S SIGNATURE

MUNICIPAL CLERK'S SIGNATURE

LANDLORD'S NAME PRINTED

MUNICIPAL CLERK'S NAME PRINTED

DATE

DATE