

# LANDLORD REGISTRATION FORM 2025

## Borough of Wenonah

1 South West Avenue, Wenonah NJ 08090

Per ordinance 47, Rental Premises, of the Code of the Borough of Wenonah:

- **All** owners of rental units in the Borough, including those in which there are 3 or fewer units, one of which is occupied by the legal owner, shall register their premises annually with the Municipal Clerk's office on or before January 31<sup>ST</sup> of each year.
- **Existing** rental properties (only if no renter occupant(s) or any other changes from previous year): Owners fill out Numbers **1, 2, 3, 4, 8** and **9**, on the Registration Form, sign and return to Borough. There is no fee or inspection required.
- Forms may be obtained from the Borough Finance Office or on the Borough Website @ [www.boroughofwenonah.com](http://www.boroughofwenonah.com).
- Upon completion please sign, date, and return the form to the Borough Office by January 31<sup>ST</sup>.
- Landlord/Tenant Court may contact the Borough Office, if necessary, to verify registration.

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**Note:** If you use a P.O. Box, please supply a physical address for the rental property.

1. Location of rental property:

Physical Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

2. Number of units in the entire rental property: \_\_\_\_\_

3. What portion of the building will be used as a rental facility? \_\_\_\_\_

4. Please complete the information for each unit being rented. Use additional paper if more units than shown.

(1) Unit # \_\_\_\_\_ Number of rooms being rented \_\_\_\_\_: Kitchen \_\_\_\_\_, Living room \_\_\_\_\_, Dining room \_\_\_\_\_, # of Bedrooms \_\_\_\_\_, # of Bathrooms \_\_\_\_\_, Basement \_\_\_\_\_.

(2) Unit # \_\_\_\_\_ Number of rooms being rented \_\_\_\_\_: Kitchen \_\_\_\_\_, Living room \_\_\_\_\_, Dining room \_\_\_\_\_, # of Bedrooms \_\_\_\_\_, # of Bathrooms \_\_\_\_\_, Basement \_\_\_\_\_.

(3) Unit # \_\_\_\_\_ Number of rooms being rented \_\_\_\_\_: Kitchen \_\_\_\_\_, Living room \_\_\_\_\_, Dining room \_\_\_\_\_, # of Bedrooms \_\_\_\_\_, # of Bathrooms \_\_\_\_\_, Basement \_\_\_\_\_.

(4) Unit # \_\_\_\_\_ Number of rooms being rented \_\_\_\_\_: Kitchen \_\_\_\_\_, Living room \_\_\_\_\_, Dining room \_\_\_\_\_, # of Bedrooms \_\_\_\_\_, # of Bathrooms \_\_\_\_\_, Basement \_\_\_\_\_.

5. Supply names, physical addresses, P.O. Box, and phone number of all owners of record of the facility. (Including all general partners, partnership, or stockholder owning 10% or more of stock, if a corporation). Continue listing on a separate piece of paper if more than one owner of record.

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

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

                    No.    Street                    City                    State                    Zip  
Phone:(\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Is owner of record a (an): \_\_\_Individual \_\_\_Partnership \_\_\_Corporation?

6. If the owner(s) of record cannot be reached, please submit the name, address, and telephone number of a person responsible and who is authorized to accept notices from an emergency responder, tenant(s), issue receipts, and to accept service of process on behalf of the owner of record:

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

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

                    No.    Street                    City                    State                    Zip  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

7. Name, address, and phone number of an individual representative of the owner of record in the event of an emergency affecting the premises or any unit of the dwelling space therein, including such emergencies as the future of any essential service or system, and who has authority to make emergency decisions concerning the building and any repair thereto or expenditure in connection therewith if owner(s) are not available.

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

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

                    No.    Street                    City                    State                    Zip  
Phone:(\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

8. List full name (adults and children) and age of ALL OCCUPANTS of each unit as required:  
(This is to keep verification of who lives in the unit. If more space is needed, continue to separate sheets of paper.)

Unit \_\_\_\_: \_\_\_\_\_  
\_\_\_\_\_

Unit \_\_\_\_: \_\_\_\_\_  
\_\_\_\_\_

Unit \_\_\_\_: \_\_\_\_\_  
\_\_\_\_\_

Unit \_\_\_\_: \_\_\_\_\_  
\_\_\_\_\_

9. Original Signature is required:

\_\_\_\_\_  
Name of Landlord                    signature of Landlord/ Authorized Agent                    Date