



# Township of Maplewood

574 Valley Street, Maplewood, NJ 07040-2691

Telephone: (973) 762-8120

PROPERTY MAINTENANCE DIVISION

## RENTAL PROPERTY REGISTRATION INFORMATION AND FORM

Maplewood Code Chapter 209 requires all residential rental and/or multiple dwelling units in Maplewood **MUST** be registered every year.

**All properties must be registered even if they are owner/family occupied.**

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**Registration deadline:** April 1 of every year  
**Yearly registration fee:** \$75 per residential unit  
**Late fee (after April 1):** \$30

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*You are exempt from the fee **ONLY** if you are 62 years of age or older **and** reside at the property **OR** all units are occupied by an owner listed on the property title.*

### **FAILURE TO RETURN A COMPLETED APPLICATION WILL RESULT IN A SUMMONS AND FINE.**

Applications require the following information. Incomplete or illegible applications will not be processed. Sections 1-5 must be filled out completely or they will be returned and charged at reapplication fee.

**Section 1:** Property Location

**Section 2:** Owner Name and Contact Information – You must include names, addresses, email addresses, and phone numbers of individual persons even if a partnership or corporation owns the property.

**Section 3:** Managing Agent Contact Information - You must include names, addresses, email addresses, and phone numbers of individual persons even if the Managing Agent is partnership or corporation.

**Section 4:** Emergency Contact Information (24 hour accessible)

**Section 5:** All Tenant/Occupant Names – First and last names required. Ages are required for children 18 years old and under.

# Township of Maplewood Rental Property Registration

For Calendar Year: \_\_\_\_\_

## Section 1: PROPERTY INFO:

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

Registration Type:  New  Renewal      How many units: \_\_\_\_\_      Are there tenants:  Yes  No

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## Section 2: PROPERTY OWNER INFO

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

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone (24-Hr Accessible): \_\_\_\_\_

*If the owner is a corporation, partnership, LLC, etc., provide names and phone numbers for the principals as an attachment.*

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## Section 3: MANAGING AGENT Same as owner None

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

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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## Section 4: EMERGENCY CONTACT Same as owner

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

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

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## EXEMPTIONS:

For payment and/or inspection

All units are owner occupied (Primary occupant must be listed on the property title to be considered an owner)

Owner resides at the property and is at least 62 years old (Must show proof of age)

Owner-occupied unit: \_\_\_\_\_

*ALL UNITS ARE REQUIRED TO BE REGISTERED. All residents must be listed in the Tenant List.*

**Section 5: TENANT/OCCUPANT LIST**

**Include names of ALL occupants, including owner-occupants and children (if under 18, age is required)**

*Use additional sheets, if needed.*

**Unit/Apt #:** \_\_\_\_\_ **Tenant on Lease:** \_\_\_\_\_

<b>OCCUPANT NAME</b>	<b>UNDER 18 (YES or NO)</b>	<b>AGE, IF UNDER 18</b>

**Unit/Apt #:** \_\_\_\_\_ **Tenant on Lease:** \_\_\_\_\_

<b>OCCUPANT NAME</b>	<b>UNDER 18 (YES or NO)</b>	<b>AGE, IF UNDER 18</b>

**Unit/Apt #:** \_\_\_\_\_ **Tenant on Lease:** \_\_\_\_\_

<b>OCCUPANT NAME</b>	<b>UNDER 18 (YES or NO)</b>	<b>AGE, IF UNDER 18</b>

**Unit/Apt #:** \_\_\_\_\_ **Tenant on Lease:** \_\_\_\_\_

<b>OCCUPANT NAME</b>	<b>UNDER 18 (YES or NO)</b>	<b>AGE, IF UNDER 18</b>

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me is willfully false, I am subject to punishment.

PRINT OWNER NAME: \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT OWNER NAME: \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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FOR OFFICE USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Year (s): \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Late Fees: \_\_\_\_\_

Cash     Check     Money Order

Check #: \_\_\_\_\_