



Department of Planning and Development
Bureau of Housing
One Main Street, Woodbridge, New Jersey 07095
www.twp.woodbridge.nj.us, Tel: (732) 602-6009, Fax: (732) 726-2393



Please MAIL form with payment to:

Woodbridge Town Hall
1 Main Street 3rd Floor
Woodbridge, NJ 07095

Attn: Housing Bureau, Virginia Gordon OR Jenn Maisano

CHECKS PAYABLE TO: WOODBRIDGE TOWNSHIP

**RENTAL REGISTRATION FORM
SINGLE & MULTIPLE UNIT RENTAL**

1) Rental Property address: _____ Block _____ Lot _____

CIRCLE TOWN (Avenel 07001) (Colonia 07067) (Fords 08863) (Hopelawn 08861) (Iselin 08830)
(Keasbey 08832) (Menlo Park Terrace 08840) (Port Reading 07064) (Sewaren 07077) (Woodbridge Proper 07095)

2) Owner(s) address: (Please note; **DO NOT** take the yellow carbon copy off the second form)

Name: _____

Address: _____ Town: _____ State: _____ Zip Code _____

Telephone #: _____ **Email Required:** _____

3) Person responsible for management of rental unit (if different than owner)

Name: _____ Email: _____

Address: _____ Telephone #: _____

4) List all Rental Units including number of bedrooms, number of persons authorized to reside at rental unit, name of ALL tenants (including children) and move in date. (Add additional sheets if necessary):

<u>Bedrooms</u>	<u>Adults/children</u>	<u>Names of ALL Tenants including children</u>	<u>Move in Date</u>

5.) IS THIS AN OWNER OCCUPIED RESIDENCE? YES ___ NO ___ (IF YES, ATTACH COPY OF DRIVERS LICENSE)

I certify that the foregoing statements are true; I understand if the foregoing statements are knowingly false, I am subject to penalty.

Signature of owner/landlord

Date

SINGLE FAMILY RENTALS ONLY: CAN WE SCHEDULE THE INSPECTION DIRECTLY WITH YOUR TENANT?
YES ___ CALL THE TENANT AT PHONE # _____ NO ___ CALL OWNER AT NUMBER ABOVE

PLEASE NOTE: INSPECTIONS FOR RENTALS WITH 2-9 UNITS MUST BE SET UP BY OWNER/MANAGER.