



TOWN OF CLINTON
43 Leigh Street
PO Box 5194
Clinton, NJ 08809
(908) 735-8616 (Main Number)
(908) 735-8082 (Fax)

INFORMATION REGARDING DWELLING UNIT

All Information Must Be Completed To Be Deemed A Complete Application

For each dwelling unit located within the building for which a Landlord's Registration Statement is being filed, please provide the following information with respect to **each** dwelling unit. This form may be photocopied for each separate dwelling unit in the building and attached to the Landlord's Registration Statement:

- 1. Identify the address and unit number, or other information that identifies the unit.**

- 2. Set forth the total number of occupants (including minors) who reside in the unit.**

- 3. Set forth the original date that the tenancy for the current tenant (s) commenced.**

- 4. Set forth the total gross floor area in square feet for each room occupied for sleeping purposes:**

Sleeping Room 1: _____ Sleeping Room 4: _____

Sleeping Room 2: _____ Sleeping Room 5: _____

Sleeping Room 3: _____ Sleeping Room 6: _____

- 5. Set forth the total gross floor area in square feet of the following habitable rooms:**

Kitchen _____ Dining Room _____

Living Room _____ Den _____

Family Room _____ Study _____

Other (List Room Use) _____

- 6. Set forth the total number of tenants (including minors) currently permitted in the dwelling**

unit. (Based on at least 70 square feet of floor space for the 1st person using the bedroom & an additional 50 square feet for each extra person using the same bedroom. For example, 2 persons sleeping in one bedroom would require 120 sq ft of floor space, 3 would require 170 sq ft, 4 - 220 sq ft, etc. Each bedroom is reviewed independently of all other bedrooms. A 3-bedroom rental where 1 person uses each bedroom would require a minimum of 70 sq ft per bedroom. Rooms smaller than 70 sq. ft. are not permitted to be used as bedrooms.)

7. Has there been any change in tenancy since last year's registration?

If so, what were the changes?

There is an application fee thirty- five (\$35.00) dollars that must accompany this application payable to the Town of Clinton.

CERTIFICATION

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

I hereby certify that the dwelling unit complies with the 2015 International Property Maintenance Code & Chapter 70 of the Town of Clinton Code. (Both codes are available at the Town Hall Annex located at 47 Leigh Street, Clinton, NJ.)

PLEASE PRINT CLEARLY

Landlord's Name _____

Landlord's Address _____

Landlord's Phone Number _____

Landlord's E-Mail _____

Landlord's Signature _____

Date _____

OFFICE USE ONLY

Rental Fee Amount: **\$35.00** Check # _____ Date Received: _____

Insurance Fee Amount: **\$15.00**
Per building Check # _____ Date Received: _____