

Borough of Cresskill

67 Union Avenue, Cresskill, NJ 07626

Certificate Coordinator: Linda Ziccarelli – Email: lziccarelli@cresskillboro.org – Phone: 201-569-5400 x269

REGULATIONS FOR THE LANDLORD IDENTITY REGISTRATION FORM

N.J.A.C. 5:29-1.1

5:29-1.1 Applicability

Pursuant to N.J.S.A. 46:8-28 and 46:8-29, the form prescribed by this subchapter is required to be given by landlords to tenants in single unit dwellings and in two – unit dwellings that are not owner-occupied and to be filed in the office of the clerk of the municipality in which any such single unit dwelling or two-unit dwelling is situated.

Tenants in multiple dwellings are required to be given a copy of the certificate of registration filed with the Bureau of Housing Inspection in accordance with N.J.S.A. 55:13A-12, N.J.S.A. 46:8-28 and N.J.A.C. 5:10-1.11. (Contact the Bureau of Housing Inspection, PO Box 810, Trenton, New Jersey 08625, (609) 633-6216 or BHICodeAdmin@dca.nj.gov for registration of properties with three or more dwelling units.)

Landlords and business owners are also required to maintain liability insurance in an amount no less than \$500,000 for combined property damage, bodily injury or death to one or more persons that may occur at their properties. This amount is reduced to \$300,000 for the owner of a multi family home which is four or fewer units, one of which is owner-occupied. N.J.S.A. 40A:10A-2 requires that owners annually register this certificate of insurance with the office of the municipality in which the dwelling is located.

THE ATTACHED FORM IS TO BE FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED TO TENANTS IN SINGLE UNIT DWELLINGS AND IN TWO UNIT DWELLINGS THAT ARE NOT OWNER-OCCUPIED.

IN ADDITION, A COPY OF THE LANDLORD INSURANCE DECLARATION PAGE CONFIRMING THE REQUIRED LIABILITY LIMITS OF INSURANCE MUST BE ATTACHED TO THIS FORM AND FILED WITH THE MUNICIPAL CLERK. (Rental Certificate will not be issued until receipt of both the Landlord Registration Statement and Insurance Declaration Page)

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LANDLORD REGISTRATION STATEMENT

Address of Property: _____

Property is a: One Family, Two Family, or Multi Family Property with Four or Fewer Units (please circle)

Does Owner Reside on Premises (yes or no): _____ Block _____ Lot _____

Property Owner Name: _____

Property Owner Address: _____

Property Owner Email: _____ Cell No. _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Email: _____ Cell No. _____

Managing Agent (if applicable): _____

Managing Agent Address: _____

Managing Agent Email: _____ Cell No. _____

Mortgage Holder Name: _____

Mortgage Holder Complete Address: _____

Fuel Oil Service Provider (if applicable): _____

Grade of Fuel Used: _____

Statement Prepared by (please print): _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

LANDLORD REGISTRATION # _____ INSURANCE DOCUMENT ATTACHED: YES _____ NO _____