



Steven M. Fulop

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CITY OF JERSEY CITY

Department of Housing, Economic Development and Commerce

Division of Tenant Landlord Relations

30 MONTGOMERY STREET, 4TH FLOOR, ROOM 415 • JERSEY CITY, N.J 07302-3821

PHONE: (201) 547-5127 • FAX: (201) 547-5803

Mayor

PROPERTY REGISTRATION STATEMENT 201__

- This form must be filled out completely and filed with the Division of Tenant/Landlord Relations by March 3.
- After March 3, please file any changes in ownership, management or tenancies within 7 days of each change.
- A filing fee of \$ 10.00 per Apartment unit, made payable to the Jersey City Treasurer, must be included.

SECTION A

Ward No. Units Block Lot

If property has 100 or more units provide details of 24-hour Uniformed Security Presence.

Name and address of Security Company or In-House Security

(Attach proof of Hiring/Employment Contract or Exemption Letter): _____

Property Address		City		State		Zip	
AKA Address, for all corners properties							
Owner's Name		Owner's Street Address only. No P.O.Box or address of subject property (except if owner actually lives at property)					
City	State	Zip	Tel. No.	Cell No	E-mail		

THIS PROPERTY (CHECK ONE): IS IS NOT PRESENTLY UNDER RENT CONTROL
IF PROPERTY IS NOT UNDER RENT CONTROL, EXPLAIN AND SUBSTANTIATE EXEMPTION: _____

IF OWNER OF RECORD IS A PARTNERSHIP, CORPORATION OR AN LLC, LIST PARTNERS OR CORPORATE OFFICERS ALONG WITH THEIR RESPECTIVE STREET ADDRESSES (NO P.O.BOX OR ADDRESS OF SUBJECT PROPERTY):

Title	Name				Address		
City	State	ZIP	Phone #	Cell #	E-Mail		
Title	Name				Address		
City	State	ZIP	Phone #	Cell #	E-Mail		
Title	Name				Address		
City	State	ZIP	Phone #	Cell #	E-Mail		

THE NAME AND STREET ADDRESS OF A PERSON WHO RESIDES IN HUDSON COUNTY, NEW JERSEY, AND IS AUTHORIZED TO ACCEPT NOTICES FROM TENANTS, TO ISSUE RECEIPTS THEREOF, AND TO ACCEPT SERVICE ON BEHALF OF THE OWNER OF RECORD (NO P.O.BOX OR ADDRESS OF SUBJECT PROPERTY):

Name	Address	City	State	Zip

SECTION B

THE NAMES, STREET ADDRESSES AND TELEPHONE NUMBERS OF INDIVIDUAL REPRESENTATIVES OF THE OWNER OF RECORD WHO MAY BE CONTACTED AT ANY TIME IN THE EVENT OF AN EMERGENCY AFFECTING THE PREMISES OR ANY UNITS OF THE SPACE THEREIN, INCLUDING SUCH EMERGENCIES AS THE FAILURE OF ANY ESSENTIAL SERVICE OR SYSTEM, AND WHO HAS AUTHORITY TO MAKE EMERGENCY DECISIONS CONCERNING THE BUILDING AND ANY REPAIR THERE TO OR EXPENDITURE IN CONNECTION THEREWITH: (NO P.O. BOX, OR PHONE NUMBER OF TELEPHONE SERVICE COMPANY):

Registered Agent's Name	Address	City	State	Zip	Tel. No.
Managing Agent's Name	Address	City	State	Zip	Tel. No.
Super, Janitor or Custodian's Name	Address	City	State	Zip	Tel. No.

Property Address		Block #		Lot #	
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SECTION C / MORTGAGEE:

FEEL FREE TO COPY PAGE

Name	Address:			City
State	Zip	Phone #		

SECTION D

THE NAME AND STREET ADDRESS OF THE FUEL DEALER OR UTILITY COMPANY SERVICING THE BUILDING AND THE GRADE OF FUEL USED:

Title	Officer's Name	Company's Name and Address			Fuel Grade
City	State	Zip	Phone #	E-Mail	

SECTION E, CHANGES:

LAST HARDSHIP RENTAL INCREASE

CLAIM NO. APT. NO PERCENT INCREASE AMOUNT OF INCREASE EFFECTIVE DATE

H:					
H:					
H:					

LAST CAPITAL IMPROVEMENT

CLAIM NO. APT. NO PERCENT INCREASE AMOUNT OF INCREASE EFFECTIVE DATE

C:					
C:					
C:					
C:					
C:					

VACANCY CAPITAL IMPROVEMENT

CLAIM NO. APT. NO PERCENT INCREASE AMOUNT OF INCREASE EFFECTIVE DATE

V:					
V:					
V:					
V:					
V:					
V:					
V:					

OTHER CHANGES, SPECIFY AND DETAIL:
