



Township of Mount Holly, New Jersey - An Enterprise Zone  
Community Housing Office, 17 Pine Street Mount Holly, New Jersey  
(609) 864-1203 or (609) 864-2464

## Rental License Application/Landlord Registration / File Update

### ALL INFORMATION MUST BE SUPPLIED

Date: \_\_\_\_\_

Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

State Multiple Dwelling Number: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Date of Last State Inspection: \_\_\_\_\_

**IS/WILL THIS PROPERTY RECEIVE A TAX ABATEMENT: YES OR NO (CIRCLE ONE)**

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

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

Owner Address: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Manager/Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Maintenance Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: BURLINGTON COUNTY \_\_\_\_\_

EMAIL: \_\_\_\_\_ Cell: \_\_\_\_\_

Type of Heat: Gas: \_\_\_\_\_ Oil: \_\_\_\_\_ Electric: \_\_\_\_\_ Sprinklers/Other: \_\_\_\_\_

Unit 1: Tenants Name: \_\_\_\_\_

Tenant Telephone: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of Pets: MOVE IN DATE

Unit 2: Tenants Name: \_\_\_\_\_

Tenant Telephone: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of Pets: MOVE IN DATE

Unit 3: Tenants Name: \_\_\_\_\_

Tenant Telephone: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of Pets: MOVE IN DATE

Unit 4: Tenants Name: \_\_\_\_\_

Tenant Telephone: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of Pets: MOVE IN DATE

Unit 5: Tenants Name: \_\_\_\_\_

Tenant Telephone: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of Pets: MOVE IN DATE

Unit 6: Tenants Name: \_\_\_\_\_

Tenant Telephone: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of Pets: MOVE IN DATE

Unit 7: Tenants Name: \_\_\_\_\_

Tenant Telephone: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of Pets: MOVE IN DATE

Owner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ DATE: \_\_\_\_\_