



Mount Pocono Borough

Tel 570-839-8436
Fax 570-839-0981

1361 Pocono Blvd., Suite 100
Mount Pocono, PA 18344

www.mountpocono-pa.gov

TENANT REGISTRATION FORM

Please check one:
 Annual
 Change of Occupancy

Lessor/Lessee Statement

1. We (I) are leasing the following residential property (unit) within the Borough of Mount Pocono

Address of property: _____

Lessor: _____

Address: _____

Telephone (Tenant): _____

Emergency Telephone: _____

Telephone: _____

2. Lessee information: (please print)

Lessee #1

Lessee #2

Name: _____

Employer Name: _____

Employer Address: _____

Employer Telephone: _____

***Term of Agreement (required)**

Start Date: _____ **End Date:** _____

3. Names of children or other individuals who will reside with the lessee: (please print)

Name

Date of Birth

Relationship to Lessee

Please use the back of form for additional names

4. Total square footage of rental area: _____ sq. ft. Number of bedrooms: _____

5. Number of Required Smoke Alarms: _____ Battery (y/n) _____ Electrically Wired: (y/n) _____

6. I (We) understand that I am to notify Lessor and Borough Zoning Office of any changes to the occupancy of this premises within five (5) days of change.

7. I (We) verify that the facts set forth in this application are to the best of my (our) knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 PA.C.S. §4904) relating to Unworn falsification to authorities.

(Lessee)

(Lessee)

(Date)

(Lessee)

(Authorized Agent)

(Date)

DO NOT WRITE BELOW THIS LINE – BOROUGH USE ONLY

Date Received: _____ Payment Type: _____ MO/Check #: _____ Registration Fee: \$ _____

Permit No.: _____ Official: _____ Date Approved: _____

Property Identification Number (PIN): _____