



CITY OF PASSAIC
DIVISION OF HOUSING
 330 Passaic Street, Passaic, New Jersey 07055
 Email: housing@cityofpassaicnj.gov
 Phone: 973-365-5615 | Fax: 973-365-5567

LANDLORD-TENANT REGISTRATION FORM

(Pursuant to Ordinance No. 162-72) Chapter 185, Passaic City Code

****Application Fee - \$25. Mailing in an application with payment is acceptable. For a copy of the tenant registration after the inspection, you must provide a self-addressed stamped envelope.**

PROPERTY ADDRESS: _____ APT. _____

BLOCK: _____ LOT: _____ FLOOR: _____

NAME OF OWNER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE/ZIP CODE: _____

RENT AMOUNT _____

NUMBER OF BEDROOMS _____

SIZE OF ROOMS

BEDROOM 1: _____ BEDROOM 2: _____ BEDROOM 3: _____ BEDROOM 4: _____

LIVING ROOM: _____ DINING ROOM: _____ KITCHEN: _____ BATHROOM: _____

NAME AND AGES OF TENANTS - PHONE# _____

1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____

ANY VIOLATION OF THIS ORDINANCE BY REFUSAL OR FAILURE TO FILE THIS CERTIFICATE, OR TO SIGN THE SAME OR TO PROVIDE FALSE INFORMATION, SHALL BE PUNISHABLE BY A FINE OF NOT MORE THAN \$1,000.00 OR JAIL TERM OF 90 DAYS, OR BOTH.

 TENANT'S SIGNATURE RESPONSIBLE FOR APT.

 OWNER OR AGENT'S SIGNATURE

DATE: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

CERTIFICATION

I hereby CERTIFY that the above dwelling was inspected on _____ and as approved the applicant is granted permission to occupy the premise in conformity with the Property Maintenance Code of the City of Passaic.

 INSPECTOR'S SIGNATURE

FEE \$ _____ CHECK# _____ CASH () DATE _____ () MAILED _____