

RENTER Census Form

Please Print or Type Clearly:

Year

PERSONAL INFORMATION:		New Lease	Renewal	
Unit Address:		Mays Landing, NJ 08330		
Lease Holder's Full Name	First	Middle	Last	
Driver's Lic #				
Lease Holder's Full Name	First	Middle	Last	
Driver's Lic #				
Mailing Address if Different from Unit Address	Street			
	City	State	Zipcode	
Name Age Relationship and DOB of ALL occupants other than Lease Holder's				
Name:	Age:	Relationship	D.O.B.	
Name:	Age:	Relationship	D.O.B.	
Name:	Age:	Relationship	D.O.B.	
Name:	Age:	Relationship	D.O.B.	
Number of People Living in Unit		Unit Type:		
Home Phone #		Work Phone #		
Employer/Address		Occupation		
Employer/Address		Occupation		
Emergency Contact:		Emergency #		
Lease Dates	From:	To:		

AUTOMOBILE INFORMATION			
Make/Model	Color	Plate#	Space #
Make/Model	Color	Plate#	Space #
Make/Model	Color	Plate#	Space #
Make/Model	Color	Plate#	Space #

PET INFORMATION				
Dog	Cat	Breed	Color/Description	Name
Dog	Cat	Breed	Color/Description	Name
Dog	Cat	Breed	Color/Description	Name

Renter's Signature

Any Changes to Resident Status of this Unit must be reported to the Management Office