DEPARTMENT OF COMMUNITY AFFAIRS

Rooming / Boarding House Information

(A separate Form II must be completed by the owner for each rooming / boarding house owned.)

SECTION A

1. Rooming or Boarding House Name:

2. Address:

   Street
   City  County
   State  Zip Code

3. Tax Map Block Number

4. Telephone number (at rooming / boarding house)

5. What municipality sends you a tax bill on this property?

SECTION B – OWNER / OPERATOR INFORMATION

1. Owner:
   Name:  Telephone No.  
   Street
   City  County
   State  Zip Code
   b. License Number

2. Primary Owner (If Corporation, Partnership or Association):
   Name:  Telephone No.  
   Street
   City  County
   State  Zip Code

3. Owner of the Real Estate:
   Name:  Telephone No.  
   Street
   City  County
   State  Zip Code

4. Operator:
   Name:  Telephone No.  
   Street
   City  County
   State  Zip Code
SECTION C – BUILDING INFORMATION

1. Type of Construction:
   □ Brick   □ Frame   □ Other ________________________________

2. Date Building Constructed ________________________________

3. Number of Stories ________________________________

4. Number of Sleeping Rooms:
   a. For residents ____________________________
   b. For Owner’s Family _______________________
   c. For Staff _______________________________

5. Number of apartments, if any (each of these units has a full bath and kitchen):
   a. For residents ____________________________
   b. For Owner’s Family _______________________
   c. For Staff _______________________________

6. Number of bathrooms ________________________________

7. Current Number of Residents ________________________________
   a. Number of residents 62 or older ____________________________
   b. Number of disabled residents ______________________________

8. a. Maximum number of residents that you intend to house at this facility __________________
   b. Maximum number of owner’s family that you intend to house at this facility _____________
   c. Maximum number of staff that you intend to house at this facility ____________________

9. Number of exits from each floor:
   1st floor _________ 2nd floor _________ 3rd floor _________ 4th floor _________

10. a. Was the building ever registered with the Bureau of Housing Inspection as Hotel or Multiple Dwelling?
    □ Yes   □ No   □ I don’t know
    b. If you answered yes to 10a, please indicate the registration number of the building when it was registered:

11. Date Present Owner Took Title ________________________________

12. Date this building began to operate as rooming/boarding house: __________________________
    (date of occupancy of second resident)

13. Name and address of mortgage or other lien holder.

________________________________________________________
________________________________________________________
SECTION D – EMPLOYEE INFORMATION

1. Number of Employees at this Rooming or Boarding House
   a. Name ____________________________________  b. Name ____________________________________
      Title ____________________________________  Title ____________________________________
      Duties ____________________________________  Duties ____________________________________

SECTION E – SERVICE INFORMATION

1. a. Residential Services – Provided in Class A, B, C, D, and F Facilities
   - Fresh Change of Bed Linen
   - Fresh Change of Towels
   - Blankets Provided

   YES  NO
   □  □

b. Food & Laundry Services – Provided in Class B, C, and D Facilities
   - Meals Provided
   - Laundry Provided

   YES  NO
   □  □

c. Personal Services – Provided only in Class C and D facilities
   - Assistance in Dressing
   - Assistance in Bathing and Personal Hygiene
   - Transportation to Health Services
   - Monitoring of Medication
   - Other ____________________________________

   YES  NO
   □  □

d. Financial Services – Provided only in Class C and D Facilities
   - Check Cashing
   - Holding of Personal Funds
   - Assistance in Making Purchases

   YES  NO
   □  □

2. This facility is a:
   □ Rooming House (Class A or F License required)
     A Rooming House is a boarding house where in no personal or financial services are provided to the residents. If you provide services listed 1a only, then check the box.

   □ Boarding House (Class B License required)
     A Boarding House means any building with two or more units of dwelling space arranged or intended for single room occupancy exclusive of any unit occupied by owner or operator where personal or financial services are provided to the residents.

Department of Community Affairs
A Class B license is required when food and laundry services are provided and no other services such as personal services or financial services are provided. If you provide the services listed in a and b ONLY, then check this box.

☐ **Boarding House (Class C license required)**
A Boarding House means any building with two or more units of dwelling space arranged or intended for single room occupancy exclusive of any unit occupied by owner or operator where personal or financial services are provided to the residents. If you provide any of the services listed in e and d, then you must have a Class C license.

☐ **Community Residence (Class D license required)**
A community residence is the same as a C class Boarding House except that the owner has contracted with a state agency to provide services to their clients. An application for a class D Community Residence must be accompanied by a copy of the owner’s contract with said state agency. The following are the state agencies that issue such contracts: Department of Health and Senior Services, Division of Alcoholism, Department of Human Services, Division of Mental Health and Hospitals.

☐ **Class E License**: Valid only for alcohol and drug rehabilitation facilities owned and operated by nonprofit religious organizations.

☐ **Class F License**: Valid only for Cooperative Sober Living Residences as defined within the Regulations Governing Rooming and Boarding House Standards (N.J.A.C. 5:27-1.1 et seq)

I certify the foregoing statements by me are true. I am aware that if any of the foregoing statements by me are willfully false, I am subject to a penalty of up to $5,000.

__________________________  ________________________
Date                                 Signature

**NOTE**: The Class of this facility will be verified by an evaluator from the Bureau of Rooming and Boarding House Standards or the Bureau of Regulatory Affairs if a Class F License is requested.

Department of Community Affairs