**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: 
   - Lot 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: 
   - 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.
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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

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

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 ____________________________________________________________

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

2. This facility is a:
   □ Rooming House (Class A 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)

**ONLY ONE OR TWO FAMILY DWELLINGS CAN BE CONVERTED TO A CSLR**

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.