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 __________________________
   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.

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SECTION D – EMPLOYEE INFORMATION

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

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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.

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