



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.

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. <u>Residential Services</u> – Provided in Class A, B, C, D, and F Facilities | YES | NO |
| Fresh Change of Bed Linen | <input type="checkbox"/> | <input type="checkbox"/> |
| Fresh Change of Towels | <input type="checkbox"/> | <input type="checkbox"/> |
| Blankets Provided | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Food & Laundry Services</u> – Provided in Class B, C, and D Facilities | YES | NO |
| Meals Provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Laundry Provided | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <u>Personal Services</u> – Provided only in Class C and D facilities | YES | NO |
| Assistance in Dressing | <input type="checkbox"/> | <input type="checkbox"/> |
| Assistance in Bathing and Personal Hygiene | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation to Health Services | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitoring of Medication | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <u>Financial Services</u> – Provided only in Class C and D Facilities | YES | NO |
| Check Cashing | <input type="checkbox"/> | <input type="checkbox"/> |
| Holding of Personal Funds | <input type="checkbox"/> | <input type="checkbox"/> |
| Assistance in Making Purchases | <input type="checkbox"/> | <input type="checkbox"/> |

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.

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