

APARTMENT COMPLEX INFORMATION SHEET

1090 Bristol Road Mountainside, NJ 07092 (908) 654-8068 (800) 783-0567 Fax (908) 654-8069

WORK TO BE PERFORMED FOR: Company Name Client's Audress Client's Phone # Client's Fax # E mail MANACEMENT COMPANY IF DIFFERENT FROM ABOVE: Company Name Manager's Name Address Phone # E mail BILLING INFORMATION IF DIFFERENT FROM ABOVE: Company Name Address Phone # Fax # E mail BILLING INFORMATION IF DIFFERENT FROM ABOVE: Company Name Attention To Address: Phone Fax E mail SITE WHERE WORK IS TO BE PERFORMED Property Name: Property Address: BHI Registration# E mail Rental Manager: Resident Manager: Resident Manager: Resident Manager: Resident Manager: 1. 0-Bedroom = studio, efficiency, one room and bathroom 2. Testing Rooms = number of rooms, hallways, interior stairs, & basement 0-Bedroom Testing Rooms 1-Bedroom Testing Rooms 1-Bedroo	Ca	rporation	Other Of	fices:
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□ 3-Bedroom Testing Rooms □ Townhouse-Bedroom Testing Rooms □ Total Units: NOTES: Site plan and History □ If complex was built or purchased in phase's list phases as separate sites. If complex was build in phases with the same building specifications, same construction materials and managed by same management company, with same management history, it may be considered one site. 2. All hallways and fire stairwells separated by a fire door or a firewall must be counted as a separate area. □ Year of Construction (actual date, not year of rehab) : □ # Of Separate/Detached apartment buildings: □ # Of other buildings (Garages, Pool house, Office): □ Numbering system of complex (Rent Role): □ # Of Common Halls: □ # Of Common Stair Wells: □ # Of Laundry Rooms: □ # Of Other Rooms: □ # Of Common Rooms: □ #		□ 2-Bedroom Testing Rooms		
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# Of Other Rooms: Capital Improvements				
Capital Improvements		□ # Of Other Rooms:		
		Capital Improvements I hereby attest that the information listed on this page is factual and correct		

Owner's or Manager's Signature_____

Date