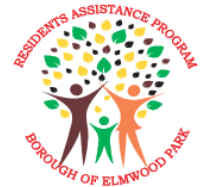




**RESIDENTS ASSISTANCE PROGRAM
BOROUGH OF ELMWOOD PARK
BERGEN COUNTY, NEW JERSEY**



182 MARKET STREET
ELMWOOD PARK, NJ 07407

201-796-1457 EXT. 2015 / 2013
FAX 201-794-0976

afava@elmwoodparknj.us
dyorke@elmwoodparknj.us

Leaf Removal

RESIDENT REGISTRATION FORM

Deadline to Register is October 17, 2026

RESIDENTS MUST MEET THESE QUALIFICATIONS:

- ★Must be 65 years & Older or Handicapped/Disabled ★Photo ID Required w/ This Form
- ★Must be Owner Occupied /Single Family Homes ONLY

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS (House Number & Street) _____ (Style, Color and any Distinguishing Features of Home) _____

Best Contact Phone Number _____ How Many Individuals Reside at This Address? _____

Are There Any Pets on The Premises? YES / NO How Many? _____

Type: _____ Breed: _____ Are Vaccinations Up to Date? YES / NO

Are there any outstanding violation/issues with the Borough of Elmwood Park? (Please explain)
(i.e., Outstanding Tickets, Zoning Violations, Property Maintenance Issues, Open Building Permits, etc.)

Are there any structures or areas on your property which may cause a hazard or should be avoided by the RAP

Volunteer? If so please describe. _____

Have you or anyone that resides at the premises been convicted of a crime? YES / NO

If yes, please describe _____

BY EXECUTING THIS AGREEMENT, I CONSENT TO:

1. A records check conducted by the Elmwood Park Police Department.
2. A check of the Megan's law sexual offender's registry.
3. Understand participation in this program is completely voluntary and that all participants are volunteers.

Resident Applicant Signature

Print Name

Date

Registration is for one year. Applicants must re-register every year.