

BOROUGH OF ELMWOOD PARK  
182 Market Street  
Elmwood Park, NJ 07407



**RESIDENCE ASSISTANCE PROGRAM  
(RAP)  
RESIDENT REGISTRATION FORM**  
**Deadline to Register is November 30, 2018**



LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(Style, Color and any Distinguishing Features of Home)

How many individuals reside at this address? \_\_\_\_\_ Is this a single family home? Y/N \_\_\_\_\_

Are there any pets on the premises? YES \_\_\_\_\_ NO \_\_\_\_\_ How Many? \_\_\_\_\_

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ 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 Offenders Registry
3. Understand Participation In This Program Is Completely Voluntary And That All Participants Are Volunteers.

\_\_\_\_\_  
Resident Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date