

**LANDLORD TENANT REGISTRATION**PLEASE CHECK ONE: ☐ ANNUAL ☐ CHANGE OF OCCUPANCY**Lessor/Lessee Statement**

We (I) \_\_\_\_\_ are leasing the following residential Property (unit)  
within Borough of Moosic:

PROPERTY ID (PIN #): \_\_\_\_\_ Total Square footage of rental area: \_\_\_\_\_ sq. ft. Number of Bedrooms: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

LEESOR ADDRESS: \_\_\_\_\_  
Street City State Zip

## LESSEE INFORMATION: (Please print.)

LESSEE NAME #1: \_\_\_\_\_ LESSEE NAME #1: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ EMPLOYER ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Children or other individuals who will reside with the Lessee. (Please print.)  
Use the back of this form for additional names.

NAME: \_\_\_\_\_ RELATIONSHIP TO LESSEE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO LESSEE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO LESSEE: \_\_\_\_\_

Term of Agreement: Start Date \_\_\_\_\_ End Date: \_\_\_\_\_

I (We) understand that I am to notify Lessor and Zoning Office of any changes to the occupancy of this premises within five (5) days of change. I (We) verify that the facts set forth in this application are to the best of my (our) knowledge information and believe this verification is made subject to the penalties.

LESSOR \_\_\_\_\_ Date \_\_\_\_\_ LESSOR \_\_\_\_\_ Date \_\_\_\_\_

LESSOR \_\_\_\_\_ Date \_\_\_\_\_ LESSOR \_\_\_\_\_ Date \_\_\_\_\_

*This form must be returned to Moosic Borough.**When a tenant moves out and a new tenant moves in a borough Inspection is required.*

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Submit applications in-person, by mail, or fax to the Moosic Borough office.

**P. (570) 457-5480 | F. (570) 457-0762 | 715 Main Street, Moosic, PA 18507 | [MoosicBorough.org](http://MoosicBorough.org)**