



FORECLOSURE AND VACANT PROPERTY  
REGISTRATION FORM

INSTRUCTIONS:

- All properties/buildings under foreclosure and/or determined to be vacant or abandoned must register with the City of Paterson in accordance with **Chapters 157-48** (Foreclosing Properties) and **271-47**, et. seq. (Vacant/Buildings) of the Paterson Code.
- Each property having a separate tax block and lot number must be registered separately.
- The registration and renewals shall be made in accordance with Paterson Code.** Please make checks payable to the City of Paterson and mail to: **City of Paterson, Attention: Foreclosure and Vacant Property Registration, Division of Community Improvements, 111 Broadway, Paterson NJ 07505.**
- If a property is both a foreclosure and vacant, separate checks must be issued.

SECTION 1: ADDRESS OF PROPERTY/BUILDING

Street Address: \_\_\_\_\_ Block# \_\_\_\_\_ Lot# \_\_\_\_\_

Please check all that apply:

Property Type: ☐ Residential    ☐ Commercial    ☐ Mixed Use    ☐ Historic Preservation

SECTION 2: PURPOSE OF FORM (Check appropriate boxes)

☐ **FORECLOSURE REGISTRATION (Fee: \$500/year)**

☐ Initial    ☐ Renewal    ☐ Information Update Only

Docket #: \_\_\_\_\_

☐ **VACANT REGISTRATION (Fee: \$2,000/year)**

☐ Initial    ☐ Renewal    ☐ Information Update Only

Comment \_\_\_\_\_

☐ **DE-REGISTRATION** (attach relevant documentation)

Reason:

☐ Short Sale    ☐ REO    ☐ Loan Modification

☐ Transfer of Service (Please provide info below)

☐ Other: \_\_\_\_\_

**Note:** Property will not be de-registered without the attachment of all supporting documentation showing proof of why property is being de-registered.

☐ **STATUS CHANGE** (attach relevant documentation)

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 3: PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_

Mailing Address (No P.O. Boxes are permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

SECTION 4: REGISTRANT INFORMATION

Name of Registrant (Company): \_\_\_\_\_

Mailing Address (No P.O. Boxes are permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Section 4 (cont'd)

- A. Is the Registrant a Creditor? ☐ Yes ☐ No.
1. If Yes, has the Creditor provided to the City of Paterson the notice required by the New Jersey Creditor Responsibility Law (N.J.S.A. 46:10B-51)? ☐ Yes ☐ No
2. Does the Registrant have an Agent? ☐ Yes ☐ No (If No, continue with Section 5).

If Yes, please provide Agent information below:

Agent of Registrant (Company): \_\_\_\_\_

Agent of Registrant (Name of Individual): \_\_\_\_\_

Mailing Address (No P.O. Boxes are permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

SECTION 5: INDIVIDUAL AUTHORIZED FOR SERVICE

IN ACCORD WITH THE PATERSON CODE THIS INDIVIDUAL IS A NATURAL PERSON 21 YEARS OF AGE OR OLDER, LOCATED IN THE STATE OF NEW JERSEY, DESIGNATED BY REGISTRANT TO ACCEPT SERVICE.

Name of Contact Agent or Representative: \_\_\_\_\_

Mailing Address (No P.O. Boxes are permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: NJ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

SECTION 6: INDIVIDUAL RESPONSIBLE FOR MAINTAINING AND SECURING PROPERTY

ENTITY TO CONTACT REGARDING MAINTENANCE ISSUES AT THE PROPERTY

Name of Maintenance Company: \_\_\_\_\_

Mailing Address (No P.O. Boxes are permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Note: The owner, creditor or local property management company, as appropriate, must inspect the property once a month for the duration of the vacancy or foreclosure as outlined in The Code of Paterson §157-49 (available at <https://ecode360.com/32564462>)

SECTION 7: LIABILITY INSURANCE (APPLIES TO VACANT BUILDINGS ONLY)

- Is a Certificate of Liability Insurance or Insurance Declaration Page attached? ☐ Yes ☐ No
- Is there liability insurance on the vacant building(s) in the required amounts as indicated below? ☐ Yes ☐ No

Pursuant to T.C.O.P. §271-49(B) of the Code, every owner of a vacant building is required to acquire or maintain liability insurance in the following amounts:

- a. Residential: Not less than \$300,000
- b. Commercial: Not less than not less than \$1,000,000 including, but not limited to, buildings designed for manufacturing, industrial, storage or commercial uses, covering any damage to any person or any property caused by any physical condition of or in the building (this includes mixed use properties)

Note: Any insurance policy acquired or renewed after the building has become vacant shall provide for written notice to the Director of Economic Development within 30 days of any lapse, cancellation or change in coverage.

SECTION 8: STATEMENT (VACANT PROPERTY ONLY)

PROPERTY OWNER'S OR AUTHORIZED AGENT'S STATEMENT

- a. Has the property owner or authorized agent properly affixed a 18 x 24 inch sign in a location where it is clearly legible from the nearest public street or sidewalk containing the information below?
- ☐ Yes ☐ No
- Maintenance information contained in Section 6 above
  - The following words: "to report problems with this building, call the Building Official at 973-321-1232"
- b. Is the property enclosed and secured from unauthorized entry (boarded-up)? ☐ Yes ☐ No

## SECTION 9: CERTIFICATION

I, \_\_\_\_\_ on behalf of \_\_\_\_\_

hereby request to register the above listed property as either a foreclosing property and/or vacant building and acknowledge that the information above is complete and accurate. In accordance with Paterson Code, I agree to notify any future owner of this foreclosure or vacant building registration. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Applicant's Name (Printed)	Date
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Applicant's Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_, the undersigned personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand.

Notary Public

My commission expires: