



**TOWNSHIP OF BLOOMFIELD RENT LEVELING BOARD**

**1 Municipal Plaza, Room 105**

**Bloomfield, New Jersey 07003**

**Phone: 973-680-4192**

**Fax: 973-680-1652**

**E-MAIL: [rentcontrol@bloomfieldtwpnj.com](mailto:rentcontrol@bloomfieldtwpnj.com)**

**Request for Rent Increase due to Major Capital Improvements**

**1. Mailing Address of Owner/Agent:**

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

Street/Apt Number: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

**2. If Attorney Preparing the Application**

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

Street/Apt Number: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

**3. Address of Building**

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

Street/Apt Number: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

**4. Number of Rental Units: \_\_\_\_\_**

**5. Amount of money allocated to Major Capital Improvements in the last twelve (12) months: \_\_\_\_\_**

**PLEASE SUBMIT DOCUMENTATION PROVING THE VERACITY OF THE COSTS OF  
THE CAPITAL IMPROVEMENTS LISTED BELOW.**

**CAPITAL IMPROVEMENTS**

<b>Category</b>	<b>Item</b>	<b>Amortization Period</b>	<b>Total Cost</b>
Heating			
Structural			
Plumbing			
Air-Conditioning			
Power			
Elevators			
Other			

