

TOWNSHIP OF BLOOMFIELD RENT LEVELING BOARD

1 Municipal Plaza, Room 105 Bloomfield, New Jersey 07003 Phone: 973-680-4192

Fax: 973-680-1652

 $E-MAIL: \underline{rent control@bloom field twpnj.com}$

Request for Rent Increase due to Major Capital Improvements

1. Mailing Address of Owner/Agent:

Street/Apt Number:	
City:	
State, Zip Code:	
Telephone Number: ()	
2. If Attorney Preparing the Application	
- MARKON MCY 1 Tepan Mc Me Mp Meuton	
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 months:	ne last twelve (12)

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

CAPITAL IMPROVEMENTS

Category	Item	Amortization Period	Total Cost
Heating			
Structural			
Plumbing			
Air-Conditioning			
Power			
Elevators			
Other			

PROPOSED ALLOCATION OF COSTS OF CAPITAL IMPROVEMENTS

Name	Apartment #	Allocation of Cost Per Unit	Old Rent	New Proposed Rent	Percent Increase In Rent

DECLARATION OF LANDLORD/PETITIONER

I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEW JERSEY THAT THIS INFORMATION AND THE EVERY ATTACHED DOCUMENT, STATEMENT AND FORM IS TRUE AND CORRECT.

Date:		
	Print Name of Owner or Authorized Representative	Signature
	(Circle one)	