



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

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

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

