



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

RENT INCREASE OBJECTION FORM

Address of Complaint: _____ **Unit:** _____

Tenant(s) Name: _____

Telephone Number: _____

Email: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Telephone Number: _____

Does the landlord live in this same dwelling? Yes No

Do you have a written or oral lease? Written Oral

Do you have an annual or monthly lease? Annual Monthly

Tenancy start date: _____ **Lease start date:** _____ **Lease end date:** _____

What is/was the current monthly rent? _____

What is the new proposed monthly rent? _____

What utilities (if any) are you responsible for? Heat Gas Electric Water

In the space provided below, please describe the basis for your objection to the rent increase:

DOCUMENT SUBMISSION CHECKLIST

___ Old Lease ___ Proposed New Lease ___ Notice of Rent Increase

Signature _____ **Date** _____

Print Name _____