



CITY OF PERTH AMBOY

Landlord Application for Hardship Rent Increase Pursuant to Perth Amboy Municipal Code §353-8

Property Address: _____
City: Perth Amboy State: NJ Zip: 08861

Date: _____
Claim#H _____

DOCUMENT CHECK LIST TO BE COMPLETED AND SUPPLIED IN THE ORDER NUMBERED

Note: (1) Proof of ownership must confirm that the landlord/applicant has owned the property for nine (9) months. (2) Claimed expenses that are not supported by bills or invoices and canceled checks, money orders or appropriate proof of payment shall not be allowed.

- ___ 1. Copy of the title closing statement or other proofs of purchase.
- ___ 2. All invoices, bills or other proof of expenses incurred and work performed, supplies purchased and/or equipment purchased as claimed in the hardship application.
Attach to invoices/bills canceled checks or other proof of payment for all expense claimed in the hardship application.
Note: No expenses for capital improvements are to be included. Any expense that is not a usual yearly expense must be indicated and prorated
- ___ 3. A compilation statement of income and expenses relating to the subject property only for the preceding two (2) years or from the date of acquisition of title if the property is owned for less than two (2) years.
- ___ 4. Copies of those portions of tax returns relating to the property for the preceding two (2) years or the period of the landlord's ownership if less than two (2) years.
- ___ 5. Copy of all mortgages and notes.
- ___ 6. Copy of the deed.
- ___ 7. Copy of an actual inspection report from the Office of Housing Code Enforcement based on an inspection made within six (6) months prior to the application pursuant to §260-3G.
- ___ 8. Proof of compliance with the landlord identity disclosure provisions contained within the Truth-in-Renting Statement pursuant to §260-3J.
- ___ 9. Copy of notice of application sent to each tenant and affidavit of service of notice upon each tenant.

The landlord/applicant may be required to provide other documents sought by the Rent Leveling Board as relevant to the application and necessary to the boards decision making process.
The Landlord/applicant may be required to provide additional copies of the application packet and will be required to provide proof of identity at any hearing held in connection with the application.

Date: _____
Claim# H _____

Property Address: _____

Owner's Name: _____

If business entity, provide name and title of authorized managing member/corporate office:

(Provide corporate resolution appointing the named individual to file the within application.)

City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Fax: () _____ E-mail: _____

Owner's Attorney's Name and Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Fax: () _____ E-mail: _____

Property Information

Number of Commercial units _____

Number of residential units _____

Number of residential rooms _____

Total building square footage _____

(No. of rooms per apartment and square footage per apartment to be supplied on page 4 of the application.)

Date of purchase _____

Purchase price _____

Initial Mortgage Amount _____

Current Mortgage Balance _____

Property Address: _____

PERIOD OF APPLICATION:

The owner/agent limits this application and its supporting documentation to the income and expenses pertaining to the twelve (12) month period commencing from _____ and ending on _____ (These dates should be no more than 24 months preceding the filing date of this hardship application).

OPERATING STATEMENT: (if application is for a condominium unit provide, the financials, income/expenses and the supporting documentation for all the units you own in the condo complex).

1. Yearly Operating Expenses:

Property taxes	\$ _____
Water and sewerage	\$ _____
Property Insurance	\$ _____
Electricity & gas	\$ _____
Fuel	\$ _____
Repairs/maintenance fees(not capital improvements)	\$ _____
Maintenance fees (if applicable)	\$ _____
Payroll (superintendent and other personnel)	\$ _____
Legal fees	\$ _____
Accounting fees	\$ _____
Other expenses (explain) _____	\$ _____

Total operating expenses \$ _____

2. Yearly Operating Income:

Residential rent (at full occupancy)	\$ _____
Commercial rent (at full occupancy)	\$ _____
other income (explain) _____	\$ _____

Total operating expenses \$ _____

Net Operating Income (total operating income minus total operating \$ _____ expenses).

3. Equity in Real Property Investment: Include cash contribution at the time of closing and any principal payments to date towards outstanding mortgages/loans. Please provide a Copy of HUD statement. Please provide your bank statement for the year.

Down payments	\$ _____
Closing costs	\$ _____
Principal paid to date (add)	\$ _____
Outstanding Mortgage/Loans costs	\$ _____
<u>Equity in Real Property Investment</u>	\$ _____
Outstanding Mortgage Balance	\$ _____
Approximate Market Value	\$ _____

If Equity in Real Property Investment is zero or negative, Application must be based on inability to meet mortgage payments or operating expenses.

Date: _____
Claim# H_____

SAMPLE NOTICE OF PROPOSED HARDSHIP HARDSHIP INCREASE TO TENANTS
(Prepare a copy for each tenant)

Please note that this is a process to permanently increase your rent, if approved. It is recommended that you seek legal representation or appear at the hearing.

For Building: _____ Apt# _____
Perth Amboy New Jersey Zip 08861

Dear Mr./Ms/Mr. and Mrs. _____

Please be advised that I have made an application for Hardship Rent Increase to the Rent Leveling Board. The basis for the Hardship Application is due to a hardship.

I am requesting a \$ _____ monthly rent increase. Your Current monthly rent is \$ _____ and your proposed monthly rent will be \$ _____

This increase will not go into effect until ordered by the Rent Leveling Board and will not be billed and should not be paid until after approval by the Rent Leveling Board
This notice complies with Section 353-8 (Rental increase due to hardship).
A copy of my application together with the supporting documentation will be provided to you by me upon your request.

You may file written objection and supply your own documentation and proof. All objections and supporting documentation must be submitted to the secretary at the Rent Leveling Board at least 15 days before the hearing date of the Rent Leveling Board. The landlord will be given an opportunity to reply to your objection.

Because this application may involve certain legal issues you are encouraged to seek the advice of a lawyer. Tenants may join together to seek legal representation. You may call Legal Services at (732) 324-1613 or submit an objection.

Sincerely yours,

Agent's/Landlord's signature _____ Date: _____

Agent's/Landlord's name: _____ Phone#. () _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip code _____

Date: _____

Claim# H _____

AFFIDAVIT IN SUPPORT OF APPLICATION AND OF SERVICE OF NOTICE ON TENANTS
STATE OF NEW JERSEY

SS:

COUNTY OF MIDDLESEX

Having submitted this application and the required documentation, I hereby swear/affirm that to the best of my knowledge, all the information and attachments supplied are accurate and further that there is no attempt on my part to conceal any evidence that may have a bearing on this application.

I further swear/affirm that I am the owner, or the legitimate representative of the owner and that I have been duly appointed to represent the owner in the processing of this Hardship Application.

I also swear/affirm that I served notice of this application upon each of the tenants as required by Perth Amboy Municipal Code section 353-8. I attach a true copy of said notice, and proof of service to each of the tenants.

I hereby swear/affirm that all the statements made by me and the documents provided are true

Landlord's/Agent's Signature:

_____ Date: _____

Landlord's/Agent's Signature: _____

SWORN TO AND SUBSCRIBED BEFORE ME

On this _____ day of _____ 20____

Personally appeared _____ who has satisfactorily identified himself/herself as the signer of the above document.

Notary Public Print Name and Commission Date