



**TOWNSHIP OF BLOOMFIELD RENT LEVELING BOARD**  
**1 Municipal Plaza - Room 105, Bloomfield, New Jersey 07003**  
**Phone: 973.259.3091 Fax: 973.680.1652**  
**E-MAIL: [rentcontrol@bloomfieldwpnj.com](mailto:rentcontrol@bloomfieldwpnj.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			

**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  
(Circle one)

Signature