



**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@bloomfieldtpnj.com](mailto:rentcontrol@bloomfieldtpnj.com)**

**Request for Hardship Rent Increase**

**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: \_\_\_\_\_  
Date Building was Purchased: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_

**4. Tenant Information**

Name: \_\_\_\_\_  
Street/Apt Number: \_\_\_\_\_  
City: \_\_\_\_\_  
State, Zip Code: \_\_\_\_\_  
Telephone Number: (    ) \_\_\_\_\_  
Old Rent: \_\_\_\_\_  
Requested Rent Increase: \_\_\_\_\_

\*Attach additional copies for each tenant whose rent you wish to increase beyond the amount permitted by ordinance.

**LANDLORD HARDSHIP APPLICATION**

**Income/Expenses Summary for the Building at Issue**

**Total Monthly Rents Collected:** \_\_\_\_\_

<b>Monthly Expenses</b>	<b>List Amount Below</b>
Mortgage Payment	
Property Taxes	
Insurance	
Itemized Maintenance Costs	
Utilities	
Other (Please Itemize)	
<b>Total Monthly Expenses:</b>	<b>\$</b>

**\*Please provide owner's current financial statement, balance sheet and copy of the mortgage note for the building at issue.**

**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