



**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](mailto:rentcontrol@bloomfieldtwpnj.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