

TOWNSHIP OF NORTH BERGEN RENT LEVELING BOARD

HARDSHIP APPLICATION

1. DATE FILED _____
2. Name of Landlord _____
3. Address _____
4. Telephone _____
5. If Corporate Landlord:
Name of Officer preparing this application: _____
Title _____
Address _____
Telephone _____
6. If attorney preparing this application:
Name _____
Address _____
Telephone _____
7. Address of Building _____
8. Number of Rental Units: Residential _____
Commercial _____
Total _____
9. Number of Rooms: Residential _____
Commercial _____
Total _____
10. State of summary form the basis upon which you claim a right to a hardship rent increase.

11. Attach hereto the following:
 1. A statement for three (3) preceeding 12 month periods of gross rentals and actual expenses incurred for said 12 months in connection with the operation of the building to be adjusted to reflect the actual period of time applicant has owned the building if owned for less than three (3) years.
 2. Federal tax returns pertaining to the property for the same preceeding three (3) years to be adjusted to reflect the actual period of time applicant has owned the building if owned for less than three (3) years.

3. A statement containing the date of purchase price, original investment and financing arrangements and present assessed value and if inherited value declared in federal estate and inheritance tax return.
4. Any and all appraisals of the property prepared in connection with a property tax appeal or for any other purpose.
5. A list of all present owners of the property.

(b) The Board, in considering all the above factors, may grant an increase for hardship.

A landlord shall not be entitled to apply for a hardship increase pursuant to this section until he has owned the property for a minimum of 18 months. The Board's decision shall become effective after full 30 day statutory notice to tenants.

(c) The Rent Leveling Board shall forthwith promulgate rules, regulations, forms to be utilized, notice to tenants of hardship applications, notice to tenants and landlords regarding hearings and general procedure. Said rules and regulations shall be the force of law and be filed with the Township Clerk.

6. A list of the current Base Rent

12. List the mortgage or mortgages which presently encumber the property including:

A. The Name and Address or the mortgagee:

B. The date of each mortgage: _____

C. The principal amount: _____

The interest rate: _____

The monthly payments: _____

The amount amortized since the date the mortgage was placed upon the property: _____

D. The term of the mortgage: _____

13. State in chronicle order all prior applications to the Rent Leveling Board including, hardship, fuel, real estate tax pass along and capital improvement, giving the dates and the results.

14. For the past three years setforth the total rent roll increase charged to tenant in each year and the percentage of gross rent that said increase reflects in each year.

15. NOTE:

In appropriate instances, at the request of the Rent Leveling Board Accountant, books, records, receipted bills and cancelled checks for a three (3) year period prior to the date of this application shall be produced.

16. If you claim that there are unique circumstances, peculiar to this building which warrant a hardship increase set forth these circumstances in detail.

17. State whether, for a period of one (1) year prior to the application any notice of violation has been issued to applicant pursuant to the Hotels and Multiple Dwellings Act (N.J.S.A. 55: 13A-1 et seq. The North Bergen Property Maintenance Code, or the North Bergen Health Dept.

If your answer is in the affirmative state:

- A. The date of such violation.
- B. The nature of such violation.
- C. A detailed description of all measures taken to correct same.

D. Date or dates of correction

E. Attach copies of the notices and copies of compliance notices from the appropriate agencies.

NOTICE TO LANDLORDS REGARDING HARDSHIP APPLICATION

1. No landlord is entitled to apply for a hardship increase until the property has been owned for 18 months or more.
2. The decision of the Board on this application shall be rendered as required by Section 9 (G) of the Rent Leveling Ordinance.
3. Simultaneously with the filing of a hardship application, the landlord shall deliver notices thereof to each affected tenants. The information with the Rent Leveling Board shall be open to public inspection by any affected tenant or his legal representative, within thirty (30) days from receipt of all required application terms the Rent Leveling Board shall notify the landlord in writing of time and place for hearing thereof. The landlord shall immediately, upon receipt of such notification of hearing, serve notice thereof upon each affected tenant. Prior to any hearing on said application the landlord shall present the Rent Leveling Board with proof of service of notice of the hearing to each affected tenant.
4. No hardship application shall be considered by the Board for a period of time more than one (1) year before the date of application.
5. Any hardship increase shall become part of the base rent upon which any future increase shall be based on.
6. Fifteen (15) copies of this application with all attachments must be filed with the Secretary of the Rent Control Board.
7. In preparing the required statements please note that your operation expenses may not include, depreciation, amortization of debt service of capital expenditure, or mortgage interest resulting from a refinancing of the property unless 100% of the refinance funds are invested in the property for Capital Improvement.

Landlord

(State of New Jersey)
(County of Hudson)

_____ of full age, duly sworn deposes and says,

1. I am the _____ of _____
the owner of the property which is subject of the above hardship appeal.
2. I have read the contents of the application and all attachments and I certify under oath that the same are true and that if any are willfully false, I am subject to prosecution for perjury.

Sworn and Subscribed _____
before me this _____
day of _____ 199_____

Notary Public of the State of
New Jersey
My commission expires _____