



Steven F. Fulop
MAYOR

CITY OF JERSEY CITY

Department of Housing, Economic Development and Commerce

Division of Housing Preservation
Office of Landlord/Tenant Relations

Landlord Application for Hardship Rent Increase Pursuant to Jersey City Municipal Code §260-10

Property Address: _____
City: Jersey City State: NJ Zip: _____

Date:

Claim # H

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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 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 expenses 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 so 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.
10. Application fee of \$30.00 per apartment.

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 Board's 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.

**30 MONTGOMERY STREET, 4TH FLOOR, ROOM 415 • JERSEY CITY, N.J 07302-3821
PHONE: (201) 547-5127 (201) 547-5211 • FAX: (201) 547-5803**

Date:

Claim # H

Property Address: _____

Owner's Name:

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

(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. Operating Expenses:

Property taxes (if not part of mortgage payment)	\$	
Water and sewerage	\$	
Insurance (if not part of mortgage payment)	\$	
Electricity & gas	\$	
Fuel	\$	
Repairs/maintenance (not capital improvements)	\$	
Condo maintenance fees	\$	
Payroll (superintendent and other personnel)	\$	
Legal fees	\$	
Accounting fees	\$	
Mortgage payment	\$	
Other expenses (explain) _____	\$	
Total operating expenses:		\$ _____

2. Operating Income :

Residential rent (at full occupancy)	\$	
Commercial rent (at full occupancy)	\$	
Other income (explain) _____	\$	
Total operating income:		\$ _____

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

3. **Equity in Real Property Investment:** Actual cash contribution at the time of closing and any principal payments to outstanding mortgages.

Down payment	\$	
Closing cost	\$	
Principal paid to date (add)	\$	
Additional loans (subtract)	\$	
<u>Equity in Real Property Investment</u>	\$	

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

Property Address: _____

Calculating Fair Return on Equity in Real Property Investment: Fair Return is 2.5% plus the maximum passbook demand deposit savings account interest rate available in Jersey City. The current maximum passbook demand deposit savings account interest rate is ____%.

The Fair Return on Equity in Real Property Investment (the "Fair Return") is 2.5% + ____% = ____% x Equity in Real Property Investment (#3 above) \$ _____ = \$_____.

The property had an Operating Income/Loss (#2 above) of \$_____.

If Operating Income is equal to or more than the Fair Return, hardship rent increase cannot be allowed on this basis.

If Operating Income is less than the Fair Return, deduct the Operating Income from the Fair Return or add the Operating Loss to the Fair Return. This sum is to be divided by 12 months and pro-rated among the units in the building based on square footage.

Tenant's name	Apt. #	# of rooms/or Sq. footage	Proposed increase	Current rent	Proposed rent

Date:

Claim # H

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SAMPLE NOTICE OF PROPOSED 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.

For Building: _____ Apt # _____

Jersey City, New Jersey Zip _____

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

Please be advised that I have made an application for a Hardship Rent Increase to the Bureau of Rent Leveling in the Office of Landlord/Tenant Relations. The basis for the Hardship Application is due to a deficit situation that has arisen in the operation of the building and, or my not receiving a “Fair Return” on my Equity in Real Property Investment in the building.

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 Board.

This notice complies with Section 260-10 (Multiple Dwelling Rent Controls) of the Jersey City Code. 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 Hearing Officer at the Bureau of Rent Leveling, Office of Landlord/Tenant Relations 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 201 792-6363, The Waterfront Project at 551-256-7578 or the New Jersey Bar Association at 201-798-4708.

Sincerely yours,

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

Date:

Claim # H

Agent's/Landlord's name: _____ Phone #: () _____ - _____
Address: _____ E-mail: _____
City: _____ State: _____ Zip code: _____

AFFIDAVIT IN SUPPORT OF APPLICATION AND OF SERVICE OF NOTICE ON TENANTS

STATE OF NEW JERSEY

SS:

COUNTY OF HUDSON

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 have served notice of this application upon each of the tenants as required by Jersey City Municipal Code Chapter 260-10 and paid the required fees pursuant to 260-9D. 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 Name: _____

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 Expiration Date