



FELIX E. ROQUE, MD
MAYOR
DEPT. OF PUBLIC AFFAIRS

**RENT CONTROL BOARD
OF THE TOWN OF WEST NEW YORK, N.J.
428-60TH STREET
WEST NEW YORK, N.J. 07093-2231
(201) 295-5290/91/92**

**TENANT/LANDLORD APPLICATION
OVERCHARGE APPLICATION**

To: Name & Address of Landlord
Nombre y Dirección del Dueño
Please print all information
Por favor escriba toda información

To: Name & Address of Tenant
Nombre y Dirección del Inquilino
Please print all information
Por favor delectree toda información

Name: _____

Name: _____

Address: _____

Address: _____

City, State & Zip Code

City, State & Zip Code

Telephone: _____

Telephone: _____

Check purpose of Application:

- Possible Illegal Rent Overcharge _____
- Rent Reduction Time due to decrease in services _____
- Other (Specify) _____

Instructions:

On the back, state detailed grounds and reasons. Refer to the applicable sections of the Rent Control Ordinance. If you do include all present grounds and an increase is granted, no additional increase can be obtained for 12 months, except as provided by the Rent Control Ordinance.

Attach all relevant materials (copies of Rent Receipts, bills, supporting documents). Application must be signed, dated and certified. The fee for filing is \$15.00 check or money order.

If the party upon whom the application or answer has been served wishes to answer or reply, he/she must put all facts in writing within 15 days of receipt of this application, identifying the housing space by name, address and apartment number. Attach all supporting documents. Serve a copy on the other party, personally or by mail and file the original with the Rent Control Board together with proof of service.

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All parties will be notified by mail of the Rent Control Board Secretary's decision.

Please state all detailed facts of application and sheets if necessary.

La renta que Ud. entro pagando:

Present Rent: _____

La fecha cuando Ud. entro en el apartamento:

Commencement Date: _____

Please print or type:

Aquí Ud. tiene que escribir una explicación de por qué Ud. está poniendo esta queja y tiene que ser en ingles.

CERTIFICATION

I swear that all the facts and proof submitted by me are true and if I knowingly made any false statements, I am subject to punishment.

I CERTIFY THAT I HAVE SERVED A COPY ON THE OPPOSING PARTIES.

On _____ by _____ by _____ by _____
Date Mail Personal Other

Dated: _____

Signed: _____

Fecha:

Firma:

Landlord _____ Tenant _____ Management _____ Superintendent _____

ADMINISTRATIVE RULE

"Each party is entitled to **one adjournment**, upon the re-scheduled hearing date, the Board will dismiss as to the party who does not appear or, in its discretion, grant relief to the party who does appear."