

RENT CONTROL BOARD
TOWN OF WEST NEW YORK
MUNICIPAL BUILDING
428-60TH STREET ROOM 14
WEST NEW YORK, NJ 07093

PRELIMINARY APPLICATION FOR CAPITAL IMPROVEMENT

1. Date Submitted: _____ 2. Date Completed: _____
Office Use Only

3. Name of Landlord _____
Address _____

Telephone number _____

4. If Corporate Landlord:
Name of Officer preparing this application _____
Title _____
Address _____

Telephone number _____

5. If Attorney preparing this application:
Name _____
Address _____

Telephone number _____

6. Address of Building _____

7. Number of Rental Units: Residential _____
Commercial _____
Total _____

8. Number of Rooms: Residential _____
Commercial _____
Total _____

9. Amount of Total Increase Requested: \$ _____

10. Amount of Money allocated to repairs and maintenance in the last 12 months

11. Net Income before Depreciation and Debt Service in the last 12 months.

12. Attach detailed contract or proposal that is to be made as to each improvement.

13. Describe all work performed and area of building to be affected in detail. State specifically

what improvements are to be made in individual apartments (include apt. number) or to common areas, exterior, etc.

14. Estimated Date of Construction _____

15. Estimated Date of Completion _____

Submit List of Tenants and Apartment numbers and Rooms numbers

16. Proposed Useful Life of above-listed improvements for purpose of Depreciation.

17. List of all increases given to Tenants over the past 18 months, including date, type of increase and percentage of increase.

NOTE: Failure on part of Landlord to provide any of this information will result in a delay in handling the application.

I HEREBY CERTIFY THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF SAID STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT AND PENALTY UNDER THE WEST NEW YORK RENT CONTROL ORDINANCE.

Print Name _____

Signature _____

Date _____

I HEREBY CERTIFY THAT NOTICE OF THIS APPLICATION HAS BEEN SERVED ON ALL TENANTS BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OR OTHER FORM OF RECEIPTED DELIVERY.

Signature _____

Date _____

For office use only:
Date received: _____
Filing Fee _____
Received by _____