

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 _____



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MUNICIPAL BUILDING
428-60TH STREET ROOM. 14
WEST NEW YORK, NJ 07093

 FINAL APPLICATION FOR CAPITAL IMPROVEMENT

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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 and proof of payment as to each improvement.
13. Describe all work performed and area of building affected in detail. State specifically what improvements were made in individual apartments (include apt. number) or to common areas, exterior, etc.

Submit List of Tenants and apartment number and rooms numbers
14. Date all work completed: _____
15. State Useful Life of above-listed improvements for purpose of Depreciation

16. Attach Certification of Substantial Compliance from Construction Official based on application made by Landlord not more than one (1) month before filing of complaint with Rent Control Board

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

NOTE: FAILURE ON PART OF THE LANDLORD TO PROVIDE ANY OF THIS INFORMATION WILL RESULT IN A DELAY IN HANDLING THE APPLICATION

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Print Name: _____

Signature Date

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Signature Date

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