



**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**

Marielka Diaz
Commissioner
DEPT. OF PUBLIC AFFAIRS

HARDSHIP APPLICATION

1) DATE SUBMITTED: _____ 2) DATE COMPLETED: _____
OFFICE USE ONLY

3) NAME OF LANDLORD: _____

ADDRESS: _____

TELEPHONE: _____

4) IF CORPORATE LANDLORD.

NAME OF OFFICER PREPARING THIS APPLICATION : _____

TITLE _____

ADDRESS _____

TELEPHONE _____

5) IF ATTORNEY PREPARING THIS APPLICATION :

NAME _____

ADDRESS _____

TELEPHONE _____

6) ADDRESS OF BUILDING : _____

7) NUMBER OF RENTAL UNITS : RESIDENTIAL _____

COMMERCIAL _____

TOTAL _____

8) NUMBER OF ROOMS : RESIDENTIAL _____

COMMERCIAL _____

TOTAL _____

9) STATE IN SUMMARY FORM THE BASIS UPON WHICH YOU CLAIM A RIGHT TO A HARDSHIP
INCREASE :

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10) MONTHLY RENT ROLL : _____

11) AMOUNT OF TOTAL INCREASE REQUESTED _____

12) DATE OF PURCHASE _____

13) PURCHASE PRICE _____ (ATTACH COPY OF DEED AND MORTGAGES).

14) INITIAL EQUITY INVESTMENT (DOWN PAYMENT) _____

15) FINANCING WHICH PRESENTLY ENCUMBERS THER PROPERTY :

A) PURCHASE MONEY FINANCING :

1) NAME AND ADDRESS OF MORTGAGE :

2) NAME AND ADDRESS OF MORTGAGE :

3) NAME AND ADDRESS OF MORTGAGE :

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a) DATE OF MORTGAGE_____

b) TERMS:

\$_____@_____ % FOR _____ YEARS.

1) TOTAL AMORTIZATION OF MORTGAGE/S TO DATE OF THIS APPLICATION.
(ATTACH SCHEDULE)

2) TOTAL INTEREST TO DATE. 3) AMORTIZATION SCHEDULE.

4) BALANCE

16) OTHER FINANCING :

NAME_____

NAME_____

ADDRESS_____

ADDRESS_____

DATE OF MORTGAGE_____

DATE OF MORTGAGE_____

TERMS:

TERMS:

\$_____@_____ %FOR____ YEARS

\$_____@_____ %FOR____ YEARS

a) TOTAL AMORTIZATION OF MORTGAGE/S TO DATE OF THIS APPLICATION.
(ATTACH SCHEDULE)

b) TOTAL INTEREST TO DATE. c) AMORTIZATION SCHEDULE.

d) BALANCE

17) BASIS OF DEPRECIATION_____

18) METHOD OF DEPRECIATION_____

19) USEFUL LIFE EXPECTANCY_____

20) ASSESSED EVALUTION: LAND_____ BUILDING_____

ATTACH ANY AND ALL APPRAISALS PREPARED FOR TAX APPEAL OR OTHER PURPOSE.

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- 21) 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.

- 22) NAME AND APARTMENT NUMBERS OF ALL TENANTS TO BE EFFECTED BY PROPOSED INCREASE.

- 23) STATE IN CHRONOLOGICAL ORDER ALL PRIOR APPLICATION FOR THE PAST THREE (3) YEARS TO THE RENT CONTROL BOARD, FOR ALL INCREASES OR SURCHARGES GIVING DATE AND RESULT.

- 24) STATE WHETHER FOR A PERIOD OF ONE (1) YEAR PRIOR TO THIS APPLICATION ANY NOTICE OF VIOLATION THAT HAS BEEN ISSUED TO APPLICANT FOR VIOLATIONS OF HOTEL AND MULTIPLE DWELLINGS ACT (N.J.S.A.55:13A-1 et seq) WNY PROPERTY MAINTENANCE CODE OR BOARD OF HEALTH.

IF YOUR ANSWER IS IN THE AFFIRMATIVE STATE:

- a) DATE _____

- b) NATURE OF VIOLATION _____

- c) DESCRIPTION OF MEASURES TAKEN TO CORRECT _____

- d) DATE OF CORRECTION _____

- e) ATTACH A COPY OF NOTICE OF COMPLIANCE FROM APPROPRIATE AGENCY.

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THE FOLLOWING INFORMATION MUST BE SUBMITTED FOR THE LAST THREE (3) YEARS.

- 25) 1) MONTHLY RENT ROLL. (IF INCOME IS RECEIVED FOR GARAGE, PARKING, SWIMMING POOL, LAUNDRY SERVICES OR OTHER FEES, PROVIDE SEPARATE OPERATING STATEMENTS FOR EACH AND ANY SURCHARGES.)

2) VACANCY EXPERIENCE IN PERCENTAGE : _____

GROSS INCOME FOR RENTALS: \$ _____

ALL OTHER INCOME FOR (WASHING MACHINES) \$ _____

(GARAGES) \$ _____

(COMMERCIAL) \$ _____

ANNUAL OPERATING EXPENSES:

BUILDING SERVICES PERSONNEL	\$ _____
ELECTRICITY AND GAS	\$ _____
WATER	\$ _____
MAINTENANCE	\$ _____
REPAIRS	\$ _____
ADMINISTRATION AND MANAGEMENT	\$ _____
PROPERTY TAXES	\$ _____
OTHER INSURANCE	\$ _____
LEGAL PROFESSIONAL	\$ _____
TOWN OF WEST NEW YORK	
TOTAL ANNUAL OPERATING EXPENSES	\$ _____

OTHER OPERATING INCOME \$ _____

FINANCING EXPENSES:

1ST MORTGAGE INTEREST FOR YEAR IN QUESTION \$ _____

1ST MORTGAGE AMORTIZATION FOR YEAR IN QUESTION \$ _____

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2nd MORTGAGE INTEREST FOR YEAR IN QUESTION \$ _____

2nd MORTGAGE AMORTIZATION FOR YEAR IN QUESTION \$ _____

OTHER _____ \$ _____

NET INCOME: \$ _____

TOTAL AMORTIZATION FROM DATE OF PURCHASE TO DATE OF APPLICATION:

\$ _____

26) DETAILED FINANCIAL STATEMENTS OF CONDITION, PROFIT AND LOSS STATEMENTS, CASH FLOW STATEMENTS AND INCOME TAX RETURNS FOR THREE (3) YEARS; RENT ROLLS FOR THREE (3) YEAR PERIOD: TAX APPEALS FOR FIVE YEARS MUST BE INCLUDED.

PROFIT AND LOSS STATEMENTS SHALL INCLUDE IN GROSS INCOME ANY AND ALL INCOME DIRECT AND INDIRECT; EXPENSES FOR GROSS INCOME TO BE ACTUAL, DOCUMENTED, REASONABLE, USUAL AND NECESSARY.

27) COPIES OF BILLS, INVOICES AND OR OTHER EVIDENCE AS PROOF OF PAYMENT OF OPERATING EXPENSES AND CANCELLED CHECKS.

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 _____

DATE _____

SIGNATURE

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.

FOR OFFICIAL USE ONLY:
DATE RECEIVED _____

SIGNATURE

DATE

FILING FEE _____

RECEIVED BY _____