



TOWNSHIP OF WEST ORANGE

66 MAIN STREET, WEST ORANGE, N.J. 07052

Rent Leveling Board

ROBERT D. PARISI
Mayor

Tel: (973) 325-4107
rentlevelingboard@westorange.org

Landlord Application Check List for Rent Control Board Hearing

Property Information:

Block: _____ Lot: _____

Address: _____ West Orange, New Jersey 07052

Property Owner Information:

Property Owner Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: () _____

After-Hours Emergency Telephone Number: () _____

Email Address: _____

Background Information:

- | | | |
|---|----------|----|
| 1. Are you applying for a Hardship Rent Increase? | Yes | No |
| 2. Are you applying for a Major Capital Improvement? Increase? | Yes | No |
| 3. Please check appropriate filing fee: | | |
| a. Buildings or complexes of ten (10) or less units | \$50.00 | |
| b. Buildings or complexes of eleven (11) or less units | \$100.00 | |
| c. Buildings or complexes of more than twenty (20) units | \$200.00 | |
| 4. Is your property currently registered with the Board for the current year? | Yes | No |
| 5. If a new owner(s), did you notify the Board of the sale or title transfer within 60 days of the closing? | Yes | No |
| 6. Does your lease comply with Section 15-2.6 Notice of Tenants' Rights? | Yes | No |
| 7. Do you receive a collection of garbage rebate? | Yes | No |
| a. If yes, do you provide a rebate or credit to the tenant? | Yes | No |

8. Have you provided your tenants a Notice of Rental increase within the past 12 months in accordance with the provisions of the Townships' General Ordinances, Chapter 15 – Rent Control? Yes No
- a. Did forward the proof of service to the Board? Yes No
- b. Did you pay the \$10.00 application or petition fee for each? Yes No
- i. date filed: _____

9. Do you charge the tenants for Rental of Parking Spaces? Yes No

10. Have you ever been approved or denied a rent increase by the Board? Yes No

a. Date: _____

b. Reason approved/denied: _____

Evidence provided by Landlord/Owner:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Copies of current lease or cover pages included? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Copy of Expenses | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Estimates of proposed Capital Improvement | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Briefly, please describe the request below:

Print Name of Applicant

Signature

Date

FOR OFFICIAL USE ONLY – DO NOT FILL IN BELOW

Reviewed by: _____ *Date:* _____

Title: _____

West Orange Rent Leveling Board Hearing date: _____

Disposition: Affirmed Denied