



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 Hardship or Capital Income Application List of Income/Expenses

Property Information:

Block: _____ Lot: _____ Unit Number: _____

Address: _____ West Orange, New Jersey 07052

Property Owner Name: _____

Total Monthly Rent Collected \$ _____

Monthly Expenses	List Amount(s) Below
Mortgage Payment	
Property Taxes	
Insurance	
Utilities	
Other (Please Itemize)	
Total Monthly Expenses	\$

The foregoing statements are made by the undersigned under oath and with full knowledge that if any of the same is a willful misstatement of fact; the penalties provided for in Chapter XV of the General Ordinances for the Township of West Orange shall apply.

Print Name of Applicant _____

Signature _____

Date _____