



City of Union City

Rent Leveling Board

3715 Palisade Avenue

Union City, New Jersey 07087

Phone: (201)348-5734 Fax: (201)865-9087

Brian P. Stack

Mayor

Kennedy Ng

Administrator

HARDSHIP APPLICATION

1- DATE SUBMITTED _____ DATE COMPLETED _____

2- NAME OF PROPERTY OWNER _____ PHONE # _____ Fax _____

3- ADDRESS _____ Email _____

4- IF CORPORATION NAME OF OFFICER _____ TITLE _____

5- ATTORNEY PREPARING APPLICATION _____

ADDRESS _____ PHONE _____ Email _____ Fax _____

6- PROPERTY ADDRESS _____

Block _____ **Lot** _____ **other** _____

7- NUMBER OF RENTAL UNITS _____ RESIDENTIAL _____ COMMERCIAL _____ TOTAL _____

8- NUMBER OF ROOMS: RESIDENTIAL _____ COMMERCIAL _____ TOTAL _____

9- **AMOUNT OF TOTAL INCREASE REQUESTED \$** _____

10- **PROOF OF OWNERSHIP FOR A PERIOD OF MORE THAN A YEAR**

11- **INCOME AND EXPENSES FOR A PERIOD OF MORE THAN ONE YEAR**

12- **COPY OF THE MOST RECENT STATE OR CITY INSPECTION**

13- **COPY OF THE LATEST FEDERAL INCOME TAX RETURN INDICATING THE RECEIPTS AND EXPENSES ON BUILDING.**

14- **DETAILED FINANLCIAL STATEMENTS OF CONDITION:**

PROFIT:

15- LOSS AND CASH FLOW STATEMENTS FOR A PERIOD OF THREE (3) Years:

16- RENT ROLLS:

PART II

17- Purchased Contract Agreements:

18- DEED

19- MANAGEMENT DOCUMENTS

20- ALL THE EXPENSES LISTED ON THE APPLICATION \$

NOTICE TO TENANTS

- 1- TENANTS SHALL BE NOTIFIED EITHER REGISTERED MAIL, CERTIFIED MAIL, WITH RETURN RECEIPT REQUESTED WITH A COPY OF THE INCOME AND EXPENSES ON THE PROPERTY
- 2- A STATEMENT WITH THE RENTS CONTROL OFFICE 15 DAYS PRIOR TO MEETING DATE.
- 3- PLUS (10) COPIES HAVE TO BE GIVEN TO THE RENT BOARD OFFICE 15 DAYS PRIOR TO THE MEETING DATE, OR YOU WILL NOT BE SCHEDULED.

FEES

UNDER 25 UNITS \$50.00

OVER 25 UNITS \$75.00

CERTIFICATE OF SUBSTANCIAL COMPLIANCE \$5.00 PER UNIT

4-

ACCOUNTANT'S FEE **\$400.00** SUBJECT TO CHANGE PENDING INITIAL REVIEW BY THE RENT LEVELING BOARD'S ACCOUNT FOR FINAL BILLING FEE

I hereby certify the statement contained in this application are the 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 Union City Rent Leveling Board Ordinance.

PRINT NAME: _____

SIGNATURE _____ DATE _____

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

SIGNATURE _____ DATE _____

OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY _____