



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

TENANT INQUIRY FORM – INTAKE/COMPLAINT

Rent receipt requested four (4) most recent copies. Canceled check bank statement/or money order/ or landlord receipt.

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ APT # _____

TOTAL OF OCCUPANTS IN APT _____ TEPHONE _____

HOW MUCH RENT DID YOU PAY BEFORE THE INCREASE? _____

TOTAL OF ROOMS IN APT _____ HOW MUCH RENT DO YOU PAY NOW? _____

TOTAL OCCUPANTS NAMES _____

HOW MANY APARTMENTS IN THE BUILDING? _____ DATE YOU MOVED IN THIS APT? _____

HAVE YOU PRESENTED ANY RENT COMPLAINTS IN THE PAST? YES _ NO _ IF YOU HAVE, WHEN? _____

STATE THE OWNER’S NAME AND ADDRESS _____

WHEN DID THE PROBLEM STATRED? _____

PLEASE SIGN X _____ DATE _____

DO NOT WRITE UNDERNEATH THIS LANE

RECEIVED BY _____ DATE _____

“UNION CITY IS AN EQUAL OPPORTUNITY EMPLOYER”