



# 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

## **CAPITAL IMPROVEMENT APPLICATION**

1- DATE SUBMITTED \_\_\_\_\_

2- NAME OF PROPERTY OWNER \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

3- IF CORPORATION NAME OF OFFICER \_\_\_\_\_ **TITLE** \_\_\_\_\_

4- ATTORNEY PREPARING APPLICATION \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **Email** \_\_\_\_\_

5- PROPERTY ADDRESS \_\_\_\_\_

**Block** \_\_\_\_\_ **Lot** \_\_\_\_\_ **other** \_\_\_\_\_

6- NUMBER OF RENTAL UNITS \_\_\_\_\_ NUMBER OF ROOMS \_\_\_\_\_

7- AMOUNT OF TOTAL INCREASE REQUESTED \_\_\_\_\_

8- ATTACH PROPOSALS, INVOICES, CONTRACTS, COPIES OF ALL PERMITS AND APPROVALS WITH RESPECT TO SAID CAPITAL IMPROVEMENT ISSUED BY THE BUILDING DEPARTMENT, AND PAYMENT (**cancelled checks**).

9- DESCRIBE IN DETAIL THE WORK PERFORMED AND AREA OF BUILDING AFFECTED. STATE SPECIFICALLY WHAT IMPROVEMENTS WERE MADE IN AN INDIVIDUAL APARTMENTS (include apt. number) or to common areas, exterior, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10- NUMBER OF YEARS OF USEFUL LIFE OF IMPROVEMENT \_\_\_\_\_

11- NOTIFY TENANTS OF THE APPLICATION AND PROPOSED INCREASE AND ATTACH A COPY OF SAID NOTICE. TO CALCULATE INCREASE DIVIDE COST OF IMPROVEMENT BY USEFUL LIFE (number of months) AND THEN DIVIDE IT BY NUMBER OF ROOMS.

12- SET FORTH WHICH DWELLING UNITS ARE BENEFITED BY THE CAPITAL IMPROVEMENT

\_\_\_\_\_

13- ATTACH A COPY OF THE MOST RECENT CERTIFICATE OF INSPECTION ISSUED BY THE DEPT. OF HOUSING INSPECTION OF UNION CITY.

14- SUBMIT 7 COPIES OF THIS APPLICATION AND TWO SETS OF SUPPORTING DOCUMENTS (**proposals, contractors bills, cancelled checks, permits etc.**)

# FEES

UNDER 25 UNITS ..... \$100.00

OVER 25 UNITS ..... \$150.00

CERTIFICATE OF SUBSTANCIAL COMPLIANCE ..... \$5.00 PER UNIT

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

## PART II

### NOTICE TO TENANTS

- 1- TENANTS SHALL BE SERVED WITH A COPY OF THE APPLICATION FOR CAPITAL IMPROVEMENT, WITH THE PROPOSED SURCHARGE AND COPY OF THE INCOME AND EXPENSES ON THE PROPERTY.
- 2- TENANTS SHALL BE NOTIFIED OF THE HEARING DATE BY REGISTERED OR CERTIFIED MAIL, WITH RETURN RECEIPT REQUESTED.
- 3- PROPERTY OWNER SHALL PRESENT PROOF OF SERVICE ON TENANT AT HEARING

**I hereby certify the statements 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.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY \_\_\_\_\_