



# CITY OF JERSEY CITY

## Department of Housing, Economic Development and Commerce

### Division of Tenant Landlord Relations

STEVEN M. FULOP  
MAYOR

### LANDLORD APPLICATION HARDSHIP

**This Application must be filled out completely in order for it to be processed**

Property Address: \_\_\_\_\_  
City: Jersey City State: NJ Zip: 0730

Date:		20
Claim # H		20

Attached please find an application for Hardship Rent Increase. The purpose of such an increase is to secure a "Fair Rate of Return" on your investment. The allowed rate of return is **6%** above the maximum passbook demand deposit saving account interest rate available in Jersey City.

Please refer to **Chapter 260-1. 10 and 9 Sec. D. No. 3** of the Jersey City code for details regarding Hardship Application Please file your application with the fee of \$ **30.00** per unit, made payable to the Jersey City Treasurer.

Attach the following documentation to support your application:

#### **DOCUMENTATION REQUESTED FOR THE 12 MONTH PERIOD COVERED BY THE APPLICATION.**

**All documentation for income and expense should relate to the 12 month period selected for the application. The period should also fall within the 24 months preceding the filing of this Hardship Application**

#### *Check List*

- 1 Copies of deed, mortgage notes, amortization schedule/statement, loan or debt note and title closing statements.
- 2 Tenant's name, apt #, phone #, number of rooms, and rent for each apartment.
- 3 Monthly rent collection for the applicable twelve (12) month period.
- 4 Copies of real estate tax bills (copy of tax assessor's notice and appeal judgment, if any) for the applicable 12 month period.
- 5 Copies of water and sewerage bills for the applicable 12 month period.
- 6 Copies of insurance policy and bills for the applicable 12 month period.
- 7 Copies of gas & electric bills for the applicable 12 month period.
- 8 Copies of fuel bills for the applicable 12 month period.
- 9 Proof of payroll for the applicable 12 month period.
- 10 Copies of bills for all claimed expenses, eg. legal, accounting, condo maintenance fees etc for the 12 month period.
- 11 Proof of management fee or affidavit of management fee for the applicable 12 month period.
- 12 Proof of payment for all expenses claimed in this application.
- 13 Compilation statement of income & expenses for the subject property during the applicable 12 month period. (include rent from cell phone antennas, income from laundry room service, etc)
- 14 Copies of federal tax return (schedule E) relating to the property for the preceding two (2) years or the period of ownership if the property is owned for less than two years.
- 15 Copy of sample notice sent to each tenant and affidavit stating that tenants were properly notified by agent or landlord and proof thereof (eg. certified receipts, proof of mailing, tenant's signed acknowledgement).
- 16 Proof of substantial housing code compliance based on inspection conducted within six months prior to the filing of this application.
- 17 Certified appraisal report, where applicable.
- 18 Application fee of 30.00 per apartment.
- 19 Copy of last filed Landlord Registration.
- 20 Submit 4 sets of the application package to the Hearing Officer.
- 21 For sole proprietorship and personal ownership bring official government (Federal, State) identification to the hearing

Date: 


  
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Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Landlord's Name and Address:**

Name: \_\_\_\_\_  
If business entity, provide name and title of responsible officer/member: \_\_\_\_\_

**Also provide resolution appointing the individual to represent the entity in processing this application**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Attorney/Agent's Name and Address:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Property Information:**

Number of residential units: \_\_\_\_\_

Number of commercial units: \_\_\_\_\_

Total number of residential rooms: \_\_\_\_\_

(if apartments have different number of rooms.) Provide room count for each apt. on page 4.

Total square footage (only if apartments, and commercial units, vary in size and in room count, i.e.

number of rooms in each apartment): \_\_\_\_\_ Square feet. Provide square footage information on page 4.

Date of purchase \_\_\_\_\_

Purchase price \$ \_\_\_\_\_

Mortgaged the amount of \$ \_\_\_\_\_ at \_\_\_\_\_ % for \_\_\_\_\_ years on a \_\_\_\_\_ year  
payout plan. The Current Mortgage Amount/Principal is \$ \_\_\_\_\_

Date: 


  
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Property Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

**PERIOD OF APPLICATION:**

The owner/agent limits this application and its supporting documentation to the income and expenses pertaining to the twelve (12) month period commencing from \_\_\_\_\_ and ending on \_\_\_\_\_ (These dates should be no more than 24 months preceding the filing date of this hardship application).

**OPERATING STATEMENT: (if application is for a condominium unit provide, the financials, income/expenses and the supporting documentation for all the units you own in the condo complex).**

1. Operating Expenses:

Property taxes (if not part of mortgage payment)	\$	_____
Water and sewerage	\$	_____
Insurance (if not part of mortgage payment)	\$	_____
Electricity & gas	\$	_____
Fuel	\$	_____
Repairs/maintenance (no capital improvement)	\$	_____
Condo maintenance fees	\$	_____
Payroll ( super, etc)	\$	_____
Legal fees	\$	_____
Accounting fees	\$	_____
Mortgage payment, possibly interest & principal only	\$	_____
Management fee (7.5% of rent roll or less)	\$	_____
Vacancy Rate Allowance (5 % of full occupancy rent)	\$	_____
Other expenses (explain) _____	\$	_____
Total operating expenses:		\$ _____

2. Operating Income :

Residential rent (at full occupancy)	\$	_____
Commercial rent ( at full occupancy)	\$	_____
Other income (explain) _____	\$	_____
Total operating income:		\$ _____

**Operating Profit/Loss** (OP or OL) [circle one (total operating income minus total operating expenses)]. Express loss with a negative (-) sign/number. \$ \_\_\_\_\_

3. Equity: Equity in real property is the owner's down payment plus payment on the principal. Where the property has been owned for over 10 years the appraised value less outstanding loans may be used to calculate equity. **Choose A or B below.** If **B**, provide certified appraisal report.

<u>A</u>	Down payment	\$	_____	<i>OR</i>	<u>B</u>	Appraised value	\$	_____
	Closing cost	\$	_____			Loans (subtract)	\$	_____
	Principal paid to date (add)	\$	_____			Additional debt (subtract)	\$	_____
	Additional loans (subtract)	\$	_____			<b><u>Net Equity</u></b>	\$	_____
	<b><u>Net Equity</u></b>	\$	_____					

**If Net Equity is zero or negative (-), application cannot be filed. Otherwise proceed.**

*Property Address:* \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Claim # H:** \_\_\_\_\_

**Calculating Fair Return :** Fair return is **6%** (liquidity and risk premium) above (plus) the maximum passbook demand deposit savings account interest rate available in Jersey City. The current maximum passbook demand deposit savings account interest rate is \_\_\_\_\_ % (**Call 201 547-5127** for current recognized interest rate).

Therefore, the current allowable fair rate of return is (**6%. + \_\_\_\_\_ % =**) \_\_\_\_\_ %.

On a Net Equity of \$ \_\_\_\_\_ it equals an **Annual Fair Return** of \$ \_\_\_\_\_. The property had an operating **profit/loss** (refer to operating statement and circle one) of \$ \_\_\_\_\_ during the application period. *If operating profit is equal to or more than the annual fair return*, hardship increase cannot be allowed, and this application does not need to be filed. Otherwise proceed.

Deduct (minus) **operating profit** from annual fair return *or* add (plus) **operating loss** to annual fair return to arrive at **Net Fair Return** of \$ \_\_\_\_\_. Net fair return of \$ \_\_\_\_\_ spread over 12 months equals Monthly Fair Return of (divide by 12) \$ \_\_\_\_\_, which is to be pro-rated among \_\_\_\_\_ apartments or \_\_\_\_\_ rooms or \_\_\_\_\_ square feet of space ( underline and insert number by the applicable category). Therefore, the monthly rent increase requested is \$ \_\_\_\_\_ per apartment/ room/ square feet (circle one) and will result in rent increase to the apartments as follows:

Tenant's name	Apart. #	Telephone #	# of rooms/or Sq. footage	Proposed increase	Current rent	Proposed rent

***Copy and attach extra copies if needed***

Property Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Date: 

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**Please complete this section**

Please list all expenses claimed and provide copies of bills, invoices, cancelled checks etc. to support them.  
All expenses should be within 24 months preceding the filing of this hardship application, and should also be within the 12 month application period of this application. Feel free to copy & attach copies of this page.

Purchase Date	Vendor	Item/Service	Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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			\$
			\$
<b>Total</b>			\$

Date: 

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 Claim # H: 

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**NOTICE OF PROPOSED HARDSHIP INCREASE TO TENANTS**  
**(prepare a copy for each tenant)**

**Please note that this is a process to permanently increase your rent, if approved. It's recommended that you seek legal representation.**

For Building: \_\_\_\_\_ Apt # \_\_\_\_\_

Jersey City, New Jersey Zip \_\_\_\_\_

Dear Mr. /Ms/Mr. and Mrs. \_\_\_\_\_

Please be advised that I have made an application for a Hardship Rent Increase to the Division of Tenant/Landlord Relations. The basis for the Hardship Application is due to a deficit situation that has arisen in the operation of the building and, or my not receiving a "fair return" on my investment in the building.

I am requesting a \$ \_\_\_\_\_ Monthly rent increase. Your current monthly rent is \$ \_\_\_\_\_ and your proposed monthly rent will be \$ \_\_\_\_\_. **This increase should not be paid prior to its approval by the Rent Leveling oard.**

This notice is to comply with Section 260-10 (Multiple Dwelling Rent Controls) of the Jersey City Code. A copy of my application together with the supporting documentation is filed with the **Division of Tenant/Landlord Relations, 30 Montgomery Street, Suite 415, Jersey City, NJ. 07302, Tel # 201 547-5127. You may contact them to receive a copy of, or to review, the application**

**You may file written objection and supply your own documentation and proof. All objections and supporting documentation must be submitted to the Hearing Officer at least 5 days before the hearing date of the Rent Leveling Board. The Landlord is to be given the opportunity to reply to your objection.**

**Because this application may involve certain legal issues you are encouraged to seek the advice of a lawyer. Tenants may join together to seek legal representation. You may call Legal Services at 201 792-6363 or the New Jersey Bar Association at 201 420-3041**

Sincerely yours,

Agent's/Landlord's signature \_\_\_\_\_ Date: \_\_\_\_\_

Agent's/Landlord's name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date: 

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		20

  
 Claim # H: 

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Property Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

**CERTIFICATION IN SUPPORT OF APPLICATION**

**STATE OF NEW JERSEY**

**SS:**

**COUNTY OF HUDSON**

Having submitted this application and the required documentation, I hereby swear/affirm that to the best of my knowledge, all the information and attachments supplied are accurate and further that there is no attempt on my part to conceal any evidence that may have a bearing on this application.

I further swear/affirm that I am the owner, or the legitimate representative of the owners and that I have been duly appointed to represent the owners in the processing of this Hardship Application.

I also swear/affirm that I have served notice of this application upon each of the tenants as required by Chapter 260-1. 10 and 9 Sec. D. No. 3 (Multiple Dwelling Rent Control) of the Jersey City Code, and I do hereby attach a true copy of said notice, and proof of service to each of the tenants.

**I hereby certify that all the statements and documents provided are true.**

**Landlord's/Agent's Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Landlord's / Agent's Name:** \_\_\_\_\_

**SWORN TO AND SUBSCRIBED BEFORE ME**

This \_\_\_\_\_ Day of \_\_\_\_\_ 201

\_\_\_\_\_  
**Notary Public**