



**CITY OF HACKENSACK
RENT STABILIZATION BOARD
LANDLORD PROPERTY OWNER RENTAL INCREASE APPLICATION**

Date: _____

In order to complete this form, the Landlord must have a Statutory Landlord Disclosure filed with the City Clerk of the City of Hackensack

OFFICIAL USE ONLY

File No.: -

Landlord/Applicant's Information:

Name:

Address:

Telephone Number:

Email Address:

@

Property Owner's Information:

Name:

Address:

Telephone Number:

Email Address:

@

Management Owner's Information:

Name:

Address:

Telephone Number:

Email Address:

@

Property Manager's Name:

Telephone Number:

Email Address:

@

Superintendent's Name:

Telephone Number:

Email Address:

@

PLEASE TYPE OR PRINT CLEARLY

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Tenant's Information:	
Name:	
Address:	Unit No.:
Date of Tenant's Notification of Increase: / /	Proof of Certified RRR Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last Rent Increase: / /	Effective date of new Increase: / /
Percentage Amount of Increase: _____ %	Dollar amount of new Increase: \$ _____.
Current Monthly Rent: \$ _____	Proposed Monthly Rent: \$ _____.
Type of Rent Increase: <input type="checkbox"/> Hardship <input type="checkbox"/> Tax <input type="checkbox"/> Standard <input type="checkbox"/> Capital Improvement <input type="checkbox"/> Other	

Filing Fee: \$25.00 Payable to the *City of Hackensack*

Check Money Order

SIGNATURE: _____

TITLE: _____

PRINT NAME: _____

DATE: _____

PLEASE TYPE OR PRINT CLEARLY

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Please use additional pages as necessary

Last Name:	First Name:	Senior/ Disabled Persons? (Y/N)	Unit #:	Unit Type # of Rooms:	Current Rent Amount:	% of New Increase:	New Monthly Rent Amount:	Current Parking/ Garage:	New Parking/ Garage:	Date of Last Increase:	Effective Date of New Increase: