

Legal Rent Calculation Request

Date: _____

Property Address: _____ Apt. # _____

Applicant's Name: _____

Applicant's Current Address: _____

Applicant's Work Phone # _____ Home # _____

Move In Date: _____ Move In Rent: _____

Current Rent Paid _____ Does the Rent include Surcharges? Yes ___ No ___

If yes amount of Surcharge _____ Effective Date: _____

List all other rental increases since move in date if any and reasons for increase:

Landlord's Name and Address:

**** A copy of your initial lease and/or first canceled check must accompany this request, along with a Check or Money Order in the amount of \$10.00 which is the requested fee for a Calculation Request, made payable to the City of Hoboken.**

I give the Division of Rent Leveling and Stabilization the authority to contact my landlord regarding my request for a legal rent calculation. I understand my landlord will receive a thirty day time frame in which to present documentation pertaining to my rent before a calculation is completed.

Tenant's Signature _____

(If roommates, all must sign).