

CITY OF HOBOKEN

DEPARTMENT OF HUMAN SERVICES

RENT LEVELING

Ravinder S. Bhalla
Mayor

Leo Pellegrini
Director



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:

List reason for requesting calculation:

****A copy of your initial lease and/or first canceled check and a current check of rent paid; must accompany this request, along with a Check/Money Order in the amount of \$10.00, 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).