

# 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 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).