



# CITY OF JERSEY CITY

Department of Housing, Economic Development and Commerce

Division of Tenant Landlord Relations

STEVEN M. FULOP  
MAYOR

## TENANT ILLEGAL RENT COMPLAINT FORM

I, \_\_\_\_\_ ask consideration under the Rent Leveling Laws of the City of Jersey City in accordance with the provisions of ordinance, Chapter 260 -- 7, Section 14, Article XX. I base my claim on the information submitted hereunder

Tenant's Name: \_\_\_\_\_ Apt # \_\_\_\_\_ Room # \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Tel # \_\_\_\_\_

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

Is your building a Condo/Co-op?    yes \_\_\_\_\_ no \_\_\_\_\_    No. of Units Owned by your landlord: \_\_\_\_\_

Vacancy Current Complaint    New Tenant

Date of Occupancy \_\_\_\_\_    Rent Receipt \_\_\_\_\_

Attaché:    Lease \_\_\_\_\_    Security Deposit Receipt \_\_\_\_\_    Rent Receipt \_\_\_\_\_

### Existing Tenant-Illegal Rent Increase

Rent prior to increase: \$ \_\_\_\_\_    Proposed Increase \$ \_\_\_\_\_

Date of Notice of Rent Increase \_\_\_\_\_    Effective Date of Increase: \_\_\_\_\_

Date of Last Increase: \_\_\_\_\_    Amount of Increase \$ \_\_\_\_\_

Copy of Notice of Increase \_\_\_\_\_    Copy (s) of Rent Receipts \_\_\_\_\_

Has increase been paid yet? \_\_\_\_\_    If so how many months? \_\_\_\_\_

Are you now or have you ever been the super or janitor in this building? \_\_\_\_\_  
Having submitted this application and the required documentation I hereby swear/and or affirm that to the best of my knowledge, all the above information and attachments are accurate and further that there is no attempt on my part to conceal any evidence that may have a hearing in this request.

Date: \_\_\_\_\_    Signature of Client \_\_\_\_\_

### For Office Use Only:

For Vacancy Control Use: Registration Used: \_\_\_\_\_

Cost of Living Increase Calculated: \_\_\_\_\_

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION IN SUPPORT OF APPLICATION

STATE OF NEW JERSEY  
COUNTY OF HUDSON:

Re: Case No. \_\_\_\_\_ (Office use only)

HAVING SUBMITTED THIS APPLICATION AND THE REQUIRED DOCUMENTATION, I \_\_\_\_\_

HEREBY SWEAR 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 REQUEST.

APPLICANTS'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

Sworn to and subscribed before me

This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public or other official  
Authorized to take oaths