13 COPIES OF APPLICATION AND ATTACHMENTS TO BE FURNISHED TO RENT LEVELING BOARD

HARDSHIP APPLICATION

RENT LEVELING BOARD, BOROUGH OF FAIR LAWN

CERTIFICATION: I hereby certify the following statements and facts to be true to the best of my knowledge and belief. I am aware that any willful misstatement of fact shall subject me to punishment under the penal provisions of the Rent Leveling Ordinance and other relevent statutes.

Date _____ Owner By: _____
Signature *

*If corporation, must be executed by the President or Vice President; if partnership must be executed by a partner; if personally owned, must be executed by the owner, if a Trust, must be executed by Trustee.

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1. State basis for hardship application and indicate amount of relief being sought, as well as plan and schedule for distribution of any such relief.

2. OWNERSHIP OF BUILDING
Form of Ownership: (give appropriate one and supply required information)

personal ownership
name and address:

partnership
name and address:
(attach copy of partnership agreement)

joint ventures
name and addresses of ventures:
(attach copy of agreement between ventures)

corporation
names and addresses of corporate officers:

trust
kind:

3. DESCRIBE BUILDING

Location:

Type (Hi-rise, Garden, etc.) describe:

Number of units:
Square footage data:
Leaseable square footage of each apartment _____
Total leaseable square footage of apartments _____
Leaseable square footage of all other areas _____
(excluding common areas) (List each with _____
appropriate square footage) _____
_____
_____
Total leaseable square footage of dwelling _____
Square footage of common areas (list) _____
_____
_____
Total square footage of common areas _____
Total square footage of dwelling _____

NOTE: IN ACCORDANCE WITH N.J.S.A. 2A:18-61.31, INCREASES IN COST SOLELY ATTRIBUTABLE TO A CONDOMINIUM CONVERSION ARE NOT CONSIDERED BY THE BOARD AS A BASIS FOR A HARDSHIP.

Date building constructed:_____ or Date Purchased: _____

Cost of construction: _____ Purchase Price: _____

Cost of land: _____

Attach copy of closing purchase agreement.

4. FINANCING

Date of mortgage: _____

Equity investment: _____

Mortgages
Supply copies of all mortgage agreements and promissory notes.

1st Mortgage
Mortgage held by:
(Attach copy of mortgage agreement)

Type of Mortgage:

Standing_____ Balloon_____ Level Payment Fully Amortized_____ Constant Principal Payment, Fully Amortized_____

Terms:
Loan Principal _____
Loan Term _____
Rate of Interest _____
Balloon Part of Principal _____ Date Due _____
Amortized Part of Principal _____
Monthly Principal Payment _____
Total Monthly Payment _____
Monthly Interest on Balloon _____

Supply above information on all additional mortgages:

	19__	19__	19__	19__	19__	Present unpa Balance on Mortgage
2nd Mortgage:						
3rd Mortgage:						
Total Equity Build-up:	_____	_____	_____	_____	_____	

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FHA FINANCED OR INSURED

If property is FHA financed or insured, provide authorization on your letterhead, addressed to FHA, to provide the Fair Lawn Rent Leveling Board with copies of any and all documents filed with FHA regarding the property.

If FHA financed or insured, when was last rental application requested?
Granted_____ Amount _____

Amount used to date:

Is another application being filed and when?

Supply supporting documents on all information.

5. Supply actual monthly rent roll with dates of lease terms.

6. Supply name and apartment numbers of all tenants to be affected by requested subcharge.

When was last rent increase given? _____

When will next allowable automatic rent increase be given? _____

(separate residential from commercial and answer for both.)

State vacancy experience and analysis per last five years: 19__ - _____

19__ - _____, 19__ - _____, 19__ - _____, 19__ - _____

7. Supply copy of income tax return (corporate, partnership, etc., return)

If personally owned or partnership, supply copy of personal income tax returns of owner or partners. (last five years)

8. PROPERTY TAXES

	19__	19__	19__	19__	19__
Assessed valuation: Land					
Building					
Tax Rate:					
Total property tax due:					
Actual property tax due:					
Tax appeal taken:					
Total tax due as a result of tax appeal:					
Actual tax paid:					
Amount directly passed on to tenants as surcharge:					

9. DEPRECIATION

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Basis for depreciation: _____

Useful life expectancy: _____

Method(s) of depreciation: _____

10. Enclose copy of leases for following, where applicable:

Ground lease
Sample(s) of standard residential lease(s) plus any and all riders.
Sample of standard commercial and professional lease(s).
Copy of any lease substantially different from standards supplied above.

11. Related Party Transactions: List any contracts or details of any activity with related parties (i.e., owners, related corporations, corporation in which owners hold an interest, etc.)

The information contained herein must be certified by your accountant.
Attach statement of certification to the following information.

INCOME	19__	19__	19__	19__	19__
Rents:					
Residential:					
Stores-Commercial:					
Professional offices:					
Garage & Parking:					
Gross possible rental income:					
Less: Vacancies & Allowances: (Indicate method of analysis)					
Prior tenants-arrears refunds (explain and support)					
Total Actual Rent:					
Other Income					
Service Income:					
Swimming pool:					
Storage areas:					
Other (specify source and amount)					
Commissions:					
Vending Machines					
Valet:					
Laundry:					
Utility deposits:					
Landlord security deposit:					
Telephone & Telegraph:					
Other Interest (itemize source and amount)					
Investment income:					
Other (itemize source and amount)					
Income from					
Withheld security deposits:					
Charges for lease breaking:					
Restoration Charges:					
Other (itemize source and amount)					
Income from surcharges (i.e. tax, etc.)					
Actual:					
Gross Potential:					
Income from					
Furniture and equipment rented:					
Land rented or subleased:					
Miscellaneous (itemize source and amounts):					
Gross possible total income:					
Total actual collections:					

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OPERATING EXPENSES

	19__	19__	19__	19__	19__
Renting expenses					
Advertising:					
Commissions:					
Other (itemize source and amounts; document with supporting evidence):					
Total renting expenses:					
Administrative Expenses (Document all) (where contract involved, supply copies)					
Office salaries: (paid to whom & for what)					
Office expenses:					
Management fee:					
Management or supervisor salaries (paid to whom)					
Legal expenses (not extraordinary):					
Telephone & telegraph:					
Permits:					
Fees:					
Miscellaneous:(itemize source and document)					
Total Adminstrative Expense					
Operation & Management					
Labor costs, salaries & wages (to whom & for what)					
Payroll taxes:					
Hospitalization Insurance:					
Total labor costs:					
Utilities					
Fuel:					
Electric:					
Gas:					
Water:					
Total Utilities:					
Maintenance & Repairs (itemize sources & amounts and support any extraordinary expense with documents)					
Contract labor (specify to whom & for what & attach copies of all contracts):					
Air Conditioning:					
Appliances:					
Carpentry & Masonry:					
Electrical					
Elevators:					
Exterminating:					
Floors & floor covering:					
Garbage & trash removal:					
Heating & Plumbing:					
Janitorial Supplies:					
Painting & Decorating:					
Protection Fee or Costs:					
Roofing & waterproofing:					
Miscellaneous (specify item and amount):					
Total Maintenance & Repairs					