



JERRAMIAH T. HEALY
MAYOR

CITY OF JERSEY CITY

Department of Housing, Economic Development and Commerce
Carl Czaplicki, Director

Division of Tenant Landlord Relations
Charles Odei, Director

LANDLORD REGISTRATION STATEMENT

- This form must be filled out completely and filed with the Division of Tenant/Landlord Relations by March 3. After March 3, please file any changes in ownership, management or tenancies within 7 days of each change.
- A filing fee of \$ 10.00 per unit, made payable to the Jersey City Treasurer, must be included.

SECTION A

| | | | | | |
|------------------|--|---------|--------|------------------|--------------|
| Property Address | | Block # | Lot # | Zip Code 0730 | No. of Units |
| Owner's Name | | Tel # | Cell # | E-mail | |
| Owner's Address | | City | | State | Zip Code |

THIS PROPERTY (CHECK ONE): **IS** ☐ **IS NOT** ☐ PRESENTLY UNDER RENT CONTROL

IF PROPERTY IS NOT UNDER RENT CONTROL, EXPLAIN AND SUBSTANTIATE EXEMPTION: _____

SECTION B

IF OWNER OF RECORD IS A PARTNERSHIP/CORPORATION OR AN LLC, LIST MEMBERS/CORPORATE OFFICERS (PRESIDENT, SECRETARY, AND TREASURER) ALONG WITH THEIR RESPECTIVE ADDRESSES, ETC:

| | | | | | | |
|-------|-------|-----|---------|--------|---------|--|
| Title | Name | | | | Address | |
| City | State | ZIP | Phone # | Cell # | E-Mail | |
| Title | Name | | | | Address | |
| City | State | ZIP | Phone # | Cell # | E-Mail | |
| Title | Name | | | | Address | |
| City | State | ZIP | Phone # | Cell # | E-Mail | |

THE NAME AND ADDRESS OF A PERSON WHO RESIDES IN HUDSON COUNTY, NEW JERSEY, AND IS AUTHORIZED TO ACCEPT NOTICES FROM TENANTS, TO ISSUE RECEIPTS THEREOF, AND TO ACCEPT SERVICES ON BEHALF OF THE OWNER OF RECORD:

| | | | | | | |
|-------|-------|-----|---------|--------|---------|--|
| Title | Name | | | | Address | |
| City | State | Zip | Phone # | Cell # | E-Mail | |

THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF INDIVIDUAL REPRESENTATIVES OF THE OWNER OF RECORD WHO MAY BE CONTACTED AT ANY TIME IN THE EVENT OF AN EMERGENCY AFFECTING THE PREMISES OR ANY UNITS OF THE SPACE THEREIN, INCLUDING SUCH EMERGENCIES AS THE FAILURE OF ANY ESSENTIAL SERVICE OR SYSTEM, AND WHO HAS AUTHORITY TO MAKE EMERGENCY DECISIONS CONCERNING THE BUILDING AND ANY REPAIR THERE TO OR EXPENDITURE IN CONNECTION THEREWITH:

| | | | | | |
|------------------------------------|---------|------|-------|-----|---------|
| Registered Agent's Name | Address | City | State | Zip | Phone # |
| Managing Agent's Name | Address | City | State | Zip | Phone # |
| Super, Janitor or Custodian's Name | Address | City | State | Zip | Phone # |

30 MONTGOMERY STREET, 4TH FLOOR, ROOM 415 • JERSEY CITY, N.J. 07302-3821

PHONE: (201) 547-4714 • FAX: (201) 547-5803

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SECTION C / MORTGAGEES:

| | | | | |
|-------|-----|----------|--|------|
| Name | | Address: | | City |
| State | Zip | Phone # | | |

SECTION D

THE NAME AND ADDRESS OF THE FUEL DEALER OR UTILITY COMPANY SERVICING THE BUILDING AND THE GRADE OF FUEL USED:

| | | | | | |
|-------|----------------|----------------------------|---------|--------|------------|
| Title | Officer's Name | Company's Name and Address | | | Fuel Grade |
| City | State | Zip | Phone # | E-Mail | |

SECTION E /CHANGES:

LAST HARDSHIP RENTAL INCREASE

| | CLAIM NO. | APT. NO | PERCENT INCREASE | AMOUNT OF INCREASE | EFFECTIVE DATE |
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LAST CAPITAL IMPROVEMENT

| | CLAIM NO. | APT. NO | PERCENT INCREASE | AMOUNT OF INCREASE | EFFECTIVE DATE |
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VACANCY CAPITAL IMPROVEMENT

| | CLAIM NO. | APT. NO | PERCENT INCREASE | AMOUNT OF INCREASE | EFFECTIVE DATE |
|----|-----------|------------|---------------------|-----------------------|-------------------|
| V: | | | | | |
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OTHER CHANGES, SPECIFY AND DETAIL:

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| | | | | | |
|------------------|--|---------|--|-------|--|
| Property Address | | Block # | | Lot # | |
|------------------|--|---------|--|-------|--|

SECTION F / TENANCY INFORMATION

LIST APARTMENT NUMBERS, RESPECTIVE TENANTS' NAMES, BASE AND ACTUAL RENT, ETC. USE THE SAME NUMBERING OF APARTMENTS AS USED IN PAST RENT REGISTRATIONS, TENANTS' LEASES & POSTINGS ON PREMISES. IF APARTMENT NUMBERING HAS CHANGED PROVIDE CORRESPONDING OLD NUMBERS. IF AN APARTMENT UNIT NEVER HAD A NUMBER ASSIGN IT A PERMANENT NUMBER.

| Apt | Rms | Last Name | First Name | Move In Date | Move Out Date Previous Tenant | Annual C.P.I % | Amount of Increase | Month of Increase | Current Base Rent | New Actual Rent |
|-----|-----|-----------|------------|--------------|-------------------------------|----------------|--------------------|-------------------|-------------------|-----------------|
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BY SUBMITTING THIS FORM THE LANDLORD(S) STATES/STATE, UNDER PENALTY OF LAW, THAT THE INFORMATION SUBMITTED IS TRUE TO THE BEST OF HIS/HER (THEIR) KNOWLEDGE.

LANDLORD'S NAME: _____

MONTH _____ DAY _____ YEAR _____

LANDLORD'S SIGNATURE: _____

LANDLORD'S NAME: _____

LANDLORD'S SIGNATURE: _____