

# NEPTUNE TOWNSHIP RENT LEVELING BOARD

P.O. Box 1125  
Neptune Township, NJ 07754-1125  
732-988-5200, Ext. 235

## HARDSHIP APPLICATION

Dear Owner/Agent:

Attached please find an application for a Hardship Rent Increase. The purpose of such an increase is to secure a "Fair Net Operating Income." The allowed net operating income is at least 40% of the gross annual income.

Please refer to Section 4-30.4, Chapter IV of the Code of Neptune Township for details regarding a Hardship Application. Please file your application with the Rent Leveling Board Secretary. Attach the following documentation to support your application:

### DOCUMENTATION REQUESTED FOR THE 12 MONTH PERIOD COVERED BY THE APPLICATION

All documentation for income and expense should relate to the 12 month period prior to the filing of the application (applicable period).

#### CHECKLIST

1. Copies of deed, mortgage notes, amortization schedule/statement, loan or debt note and title closing statements. \_\_\_\_\_
2. Tenant's name, apt. #, phone #, number of rooms, and rent for each apartment. \_\_\_\_\_
3. Monthly rent collection for the applicable 12 month period. \_\_\_\_\_
4. Copies of real estate tax bills (copy of Tax Assessor's Notice and appeal Judgment, if any) for the applicable 12 month period. \_\_\_\_\_
5. Copies of water and sewerage bills for the applicable 12 month period. \_\_\_\_\_
6. Copies of insurance policy and bills for the applicable 12 month period. \_\_\_\_\_
7. Copies of gas and electric bills for the applicable 12 month period. \_\_\_\_\_
8. Copies of fuel bills for the applicable 12 month period. \_\_\_\_\_
9. Proof of payroll for the applicable 12 month period. \_\_\_\_\_
10. Copies of bills for all claimed expenses, eg. legal, accounting, condo maintenance fees, etc. for the 12 month period. \_\_\_\_\_
11. Proof of management fee or affidavit of management fee for the applicable 12 month period. \_\_\_\_\_
12. Proof of payment for all expenses claimed in this application. \_\_\_\_\_
13. Compilation statement of income & expenses for the subject property during the applicable 12 month period. (include rent from cell phone antennas, income from laundry room services, etc.) \_\_\_\_\_
14. Copies of Federal Tax Return (Schedule e) relating to the property for the preceding 2 years or the period of Ownership if the property is owned for less than 2 years. \_\_\_\_\_
15. Copy of sample notice sent to each tenant and affidavit stating that tenants were properly notified by agent or landlord and proof thereof (eg. Certified receipts, proof of mailing, tenant's signed acknowledgement). \_\_\_\_\_
16. Proof of substantial housing code compliance based on inspection conducted within 6 months prior to the filing of this application. \_\_\_\_\_
17. Certified appraisal report, where applicable. \_\_\_\_\_
18. Copy of last filed Landlord Registration. \_\_\_\_\_
19. Submit 5 sets of the application package to the Board Secretary. \_\_\_\_\_
20. For sole proprietorship and personal ownership bring official government (Federal, State) identification to the hearing. \_\_\_\_\_

**LANDLORD APPLICATION FOR HARDSHIP**

Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Landlord's Name and Address:**

Name: \_\_\_\_\_  
If business entity, provide name and title of responsible officer/member: \_\_\_\_\_  
**Also provide resolution appointing the individual to represent the entity in processing this application.**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

**Attorney/Agent's Name and Address:**

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

**Property Information:**

Number of residential units: \_\_\_\_\_

Number of commercial units: \_\_\_\_\_

Total number of residential rooms \_\_\_\_\_

(If apartments have different number of rooms) Provide room count for each apt. on Page 4.

Total square footage (for residential apartments only, and only if units vary in size and in room count, i.e., number of rooms in each apartment): \_\_\_\_\_ Square feet. Provide square footage information on Page 4.

Date of purchase: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Mortgaged the amount of \_\_\_\_\_ at \_\_\_\_\_ % for \_\_\_\_\_ years on a \_\_\_\_\_ year payout plan. The current mortgage amount/principal is \$ \_\_\_\_\_.

**Property Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PERIOD OF APPLICATION:**

The owner/agent limits this application and its supporting documents to the income and expenses pertaining to the twelve (12) month period commencing on \_\_\_\_\_ and ending on \_\_\_\_\_.

(These dates should be the 12 months preceding the filing date of this Hardship Application).

**OPERATING STATEMENT: (If application is for a condominium unit, provide the financials, income/expenses and supporting documentation for all the units you own in the condo complex).**

1. Operating Expenses:

Property taxes (if not part of mortgage payment)	\$ _____
Water and sewerage	\$ _____
Insurance (if not part of mortgage payment)	\$ _____
Electricity & gas	\$ _____
Fuel	\$ _____
Repairs/maintenance (no capital improvement)	\$ _____
Condo maintenance fees	\$ _____
Payroll (Superintendent, etc.)	\$ _____
Legal fees	\$ _____
Accounting fees	\$ _____
Mortgage payment, possible interest and principal only	\$ _____
Management fee (5% of gross maximized annual income, see Ordinance)	\$ _____
Vacancy Rate Allowance (if any)	\$ _____
Other expenses (explain) _____	\$ _____
_____	\$ _____

Total Operating Expenses: \$ \_\_\_\_\_

2. Operating Income:

Residential rent (at full occupancy)	\$ _____
Commercial rent (at full occupancy)	\$ _____
Other income (explain) _____	\$ _____
_____	\$ _____

Total Operating Income: \$ \_\_\_\_\_

**Operating Profit/loss (OP or OL)** [circle one (total operating income Minus total operating expenses)] Express loss with a negative (-) sign/number. \$ \_\_\_\_\_

Property Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Calculating Fair Net Operating Income:** Fair Net Operating Income is the amount determined by subtracting reasonable and necessary operations expenses from gross annual income, which amount shall not be less than 40% of the gross annual income. Deduct all operating expenses allowed by the ordinance and law, excluding mortgage, principal or interest payments, depreciation or amortization, computed with the limitations allowed by the Ordinance and Rules and Regulations from gross annual income from the operations of rental property as defined by the Ordinance and Rules and regulations and determine Fair Net Operating Income. If less than 40% of gross annual income, determine difference in income from that determined and 40% and apportion over a 12 month period among the rental units within the property or building.

Tenant's Name	Apt. #	Phone #	# of rooms/or Sq. footage	Proposed Increase	Current Rent	Proposed Rent
			<b>TOTAL</b>	\$	\$	\$

Copy and attach extra copies if necessary

Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please complete this section**

**Please list all expenses claimed and provide copies of bills, invoices, cancelled checks, etc. to support them. All expenses should be with 12 months preceding the filing of this Hardship Application. Feel free to copy and attached copies of this page.**

<b>Purchase Date</b>	<b>Vendor</b>	<b>Item/Service</b>	<b>Cost</b>
		<b>TOTAL</b>	<b>\$</b>

**NOTICE OF PROPOSED HARDSHIP INCREASE TO TENANTS**

**(Prepare a copy for each tenant)**

**Please note that this is a process to increase your rent, if approved. It is recommended that you seek legal representation.**

For Building: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Neptune Township, New Jersey 07753

Dear Mr./Ms./Mr. and Mrs. \_\_\_\_\_  
(Print name)

Please be advised that I have made an application for a Hardship Rent Increase to the Neptune Township Rent Leveling Board. The basis for the Hardship Application is due to a deficit situation that has arisen in the operation of the building, and/or my not receiving a "fair return" on my investment in the building.

I am requesting a \$ \_\_\_\_\_ monthly rent increase. Your currently monthly rent is \$ \_\_\_\_\_ and your proposed monthly rent will be \$ \_\_\_\_\_.

**This increase should not be paid prior to its approval by the Rent Leveling Board.**

This notice is to comply with Section 4-30.4, Chapter IV, Rent Control of the Neptune Township General Ordinances. A copy of my application together with the supporting documentation is filed with the Neptune Township Rent Leveling Board, P.O. Box 1125., Neptune Township, New Jersey 07754-1125; Pam Howard, Rent Leveling Board Secretary, 732-988-5200, ext. 235. You may contact the Board to receive a copy of , or to review the application.

**You may file written objection and supply your own documentation and proof. All objections and supporting documentation must be submitted to the Rent Leveling Board Secretary at least 5 days before the hearing date of the Rent Leveling Board. The landlord is to be given the opportunity to reply to your objection.**

**Because this application may involve certain legal issues, you are encouraged to seek the advise of a lawyer. Tenants may join together to seek legal representation. You may call Legal Services at 732-414-6750 or the Monmouth Bar Association at 732-431-5544.**

Sincerely yours,

Agent's/Landlord's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agent's/Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CERTIFICATION IN SUPPORT OF APPLICATION**

**STATE OF NEW JERSEY**

**SS:**

**COUNTY OF MONMOUTH**

Having submitted this application and the require documentation, I hereby swear/affirm 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 application.

I further swear/affirm that I am the owner, or the legitimate representative of the owner/owners and that I have been duly appointed to represent the owner/owners in the processing of this Hardship Application.

I also swear/affirm that I have served notice of this application upon each of the tenants as required by Section 4-30.4, Chapter IV of the Neptune Township General Ordinances, and I do hereby attach a true copy of said notice and proof of service to each of the tenants.

**Landlord's/Agent's Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Landlord's/Agents name:** \_\_\_\_\_  
(print name)

**SWORN AND SUBSCRIBED BEFORE ME**

**THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_**

**SEAL**

**Notary Public** \_\_\_\_\_  
**My Commission Expires:** \_\_\_\_\_