



**CITY OF JERSEY CITY**  
 DEPARTMENT OF HOUSING ECONOMIC DEVELOPMENT  
 AND COMMERCE

STEVEN M. FULOP  
 MAYOR

**PRE-APPLICATION CAPITAL IMPROVEMENT**

Re: Case No. PA:

1. Name of Landlord:

2. Address:  Apt #

City :  State:  Zip:

3. Telephone:  (  )

4. If Corporate Landlord:

Name of Officer preparing this application

Title:

Address:

Telephone:  (  )

5. If Attorney preparing this application:

Name:

Address:

Telephone:  (  )

6. Address of Building:  Apt #

Jersey City, New Jersey Zip :

| 7. # of Rental Units: |              | Number of            |                      |                      |
|-----------------------|--------------|----------------------|----------------------|----------------------|
|                       |              | Units                | Windows              | Sq. Ft.              |
|                       | Residential: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                       | Commercial:  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                       | Total:       | <input type="text"/> | <input type="text"/> | <input type="text"/> |

8.# of Rooms:

## Estimated cost of improvements

*Itemize the cost for improvements of these services and indicate the amortization period for this investment (If doing Capital Improvement in more than 1 apartment, separate costs for each apartment).*

| PROPOSED METHOD OF ALL ALLOCATION | Cost |  | 10<br>years | Number of |         |       |
|-----------------------------------|------|--|-------------|-----------|---------|-------|
| Items                             |      |  |             | Sq. ft    | Windows | Rooms |
| Heating :                         | \$   |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
| Structural:                       | \$   |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
| Plumbing:                         | \$   |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
| Air condition:                    | \$   |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
| Fire prevention:                  | \$   |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
| Power:                            | \$   |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
| Elevators, escalators:            | \$   |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
| Others:                           | \$   |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
|                                   |      |  |             |           |         |       |
| <b>Total</b>                      | \$   |  |             |           |         |       |

## Estimated cost of improvements

*Itemize the cost for improvements of these services and indicate the amortization period for this investment (If doing Capital Improvement in more than 1 apartment, separate costs for each apartment).*

PROPOSED METHOD OF ALL ALLOCATION

| Items                  | Cost | 10<br>years | Number of |         |       |       |
|------------------------|------|-------------|-----------|---------|-------|-------|
|                        |      |             | Sq. ft    | Windows | Rooms | Units |
| Heating :              | \$   |             |           |         |       |       |
|                        |      |             |           |         |       |       |
| Structural:            | \$   |             |           |         |       |       |
|                        |      |             |           |         |       |       |
| Plumbing:              | \$   |             |           |         |       |       |
|                        |      |             |           |         |       |       |
| Air condition:         | \$   |             |           |         |       |       |
|                        |      |             |           |         |       |       |
| Fire prevention:       | \$   |             |           |         |       |       |
|                        |      |             |           |         |       |       |
| Power:                 | \$   |             |           |         |       |       |
|                        |      |             |           |         |       |       |
| Elevators, escalators: | \$   |             |           |         |       |       |
|                        |      |             |           |         |       |       |
| Others:                | \$   |             |           |         |       |       |
|                        |      |             |           |         |       |       |
|                        |      |             |           |         |       |       |
|                        |      |             |           |         |       |       |
| <b>Total</b>           | \$   |             |           |         |       |       |

CLAIM # PA -

|  |  |
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|  |  |
|--|--|

PLEASE COMPLETE AS APPLICABLE

PROPOSED ALLOCATION OF COSTS OF CAPITAL IMPROVEMENT  
OR IMPROVED OR INCREASED SERVICES.

| Tenant's Name | Apt # | Phone # | NUMBER OF |         |        | ALLOCATION OF COSTS PER |      |        |         | Current Rent | Rent Increase | Proposed New Rent |
|---------------|-------|---------|-----------|---------|--------|-------------------------|------|--------|---------|--------------|---------------|-------------------|
|               |       |         | Rooms     | Windows | Sq Ft. | Unit                    | Room | Window | Sq. ft. |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |
|               |       |         |           |         |        |                         |      |        |         |              |               |                   |

Re: Case No. PA: \_\_\_\_\_

**NOTICE OF PRE-APPLICATION CAPITAL IMPROVEMENT**

|                         |     |       |  |
|-------------------------|-----|-------|--|
| TENANT:                 |     |       |  |
| ADDRESS:                |     | APT # |  |
| JERSEY CITY, NEW JERSEY | ZIP |       |  |

Dear:

Please be advised that I have made a Pre-Application for a Capital Improvement Rent Increase to the Rent Leveling Board. The basis for this application is for Improvements to be performed on your building/apartment as follows (Describe Proposed Improvements):

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**This notice is to comply with Section 260-5, A of the Jersey City Code (Multiple Dwelling Rent Control)**

A copy of my application together with supportive cost estimates for work to be performed is filed with the Rent Leveling Office 30 Montgomery Street, 4<sup>th</sup> Floor, Jersey City, New Jersey 07302.

You are hereby advised that you may request in writing a copy of the proposed Pre-Application Capital Improvements within 10 days of receiving of this notice the request is to be made to your landlord.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CERTIFICATION IN SUPPORT OF APPLICATION**

**STATE OF NEW JERSEY**

**SS:**

**COUNTY OF HUDSON**

**Having submitted this application and the required documentation (two estimates), I hereby certify 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.**

**I am aware that if any of the information supplied in this application is willfully false I am subject to punishment.**

Landlord signature:

**Sworn to and subscribed before me**

|             |               |           |
|-------------|---------------|-----------|
| <b>This</b> | <b>Day of</b> | <b>20</b> |
|             |               |           |

**Notary Public**