

Include:

12. All bills and canceled checks relating to Capitol Improvements.
 13. Copies of all documentation upon which landlord will rely at the hearing to sustain Landlord's burden of proof of the useful life expectancy of the improvement.
 14. Copies of Property Income Profit and Loss Statements filed with Federal Income Tax Returns for the current year and the preceding two (2) years.
 15. Provide a schedule containing a detailed recitation of the rental history for all apartment units indicating all increases, surcharges and tax pass through for the past three (3) years.
 16. Provide proof of current rents being paid for all residential units (copies of recent rent checks, copies of recent rent receipts).
 17. Substantial Code Compliance Certificate from the Housing Inspectors Office.
 - **Application fee \$75.00 made payable to the City of Hoboken**
 18. Provide proof property is not subject to city-held title lien for nonpayment of Real Estate taxes, water/sewer charges.
19. Provide proof of Service to the Tenant required under the Rent Control Ordinance Sec. 155-9 Notice to Tenant (a copy is attached). Copy of notice to tenant must be attached to the application before it can be processed and scheduled for a hearing before the Board.

Capitol Improvements

PROPOSED METHOD OF ALLOCATION

CATEGORY:	ITEM	TOTAL	DEPRECIATION	SQUARE	NUMBER	NUMBER
		COST	PERIOD	FOOTAGE	OF	OF
					ROOMS	UNITS

HEATING:

STRUCTURAL:

PLUMBING:

AIR

CONDITIONING:

FIRE

PREVENTION:

POWER:

ELEVATORS/
ESCALATORS:

OTHER:

IMPROVED OR INCREASED SERVICES

1. What service(s) has been improved or increased?
2. What was the status of the service(s) prior to this improvement increase? (Include frequency and quality factors in your response.)
3. How have these services been increased or improved? By what method?
4. Itemize the cost for improvements of these services and indicate the amortization period for this investment.

ITEM	COST	AMORTIZATION PERIOD	SQ. FT.	PROPOSED METHOD OF ALLOCATION	
				# OF ROOMS	# OF UNITS

IMPROVED OR INCREASED SERVICES

Name	Apt. #	Present Rent	Number of Sq. Ft. Or Rooms	Allocation of Cost Per Amount of (Sq. Ft.) (Room) Unit Surcharge	Total or Rent And Proposed Surcharge

I hereby certify that the information contained in this application for a capitol improvement or Service Surcharge is true to the best of my knowledge and belief. I am aware that if any of this information supplied is willfully false, I am subject under the Law.

Date

Signature

- Proof of service to all tenants as required under the Hoboken Rent Control Ordinance Sec. 155-9 (copy attached) a copy of which must be attached to this application. No application will be processed or scheduled for a hearing until landlord has complied with Sec. 155-8 & 155-9 as well as all other requirements set forth below.
- Application must include a certificate of substantial code compliance from the Housing Inspection Office which indicates that property is 90% in compliance.
- Legible copies of actual bills and canceled checks must be included.
- Copies of all permits must be included.
- Property must be registered to date at the time Application is submitted.
- Application Fee \$75.00 made payable to the City of Hoboken must also accompany this application.
- An original and nine (9) copies of all documents contained in this application shall accompany this application.