



Borough of Fort Lee

Rent Leveling Board

1403 Teresa Drive

Fort Lee, New Jersey 07024

Tel No. (201) 676-3008 * Fax No. (201) 947-9710

APPLICATION TO THE RENT LEVELING BOARD OF THE BOROUGH OF FORT LEE FOR A REDUCED RENT INCREASE PERCENTAGE FOR SENIOR CITIZENS AND DISABLED TENANTS

Senior Citizens and Disabled tenants who are Not Senior Citizens, are eligible for a reduction in their yearly rent increase percentage, if:

1. You are presently at least 62 years of age and/or disabled.
2. You have resided in your apartment for at least 1 year.
3. Your total household income FOR THE LAST CALENDAR YEAR did not exceed \$158,400.

This application and all supporting documents (PHOTOCOPIES ONLY), because they are retained in your file, should be mailed to:

**Rent Leveling Administrator
1403 Teresa Drive (Office)
Fort Lee, New Jersey 07024**

*****HOW TO COMPLETE APPLICATION*****

Section A: Tenant Information:

PLEASE **PRINT** ALL INFORMATION **CLEARLY**, IN INK.

Section B: Owner/Landlord Information:

Fill in the name, address, and telephone number of your landlord, or, if the person who is responsible for sending you your notice of rent increase is not your landlord but is the agent for the landlord, list the name, address, and telephone number of the agent

Section C: Disability Information:

A tenant who is not a Senior Citizen but is disabled does not have to meet the age requirement but must provide proof of his/her disability and must meet the income and residency requirement.

Section D: Rental Information:

This section should be filled out to the best of your knowledge. You need not to send your lease or your notice of increase as your landlord is required to furnish the Rent Leveling Board copies of all notices of rent increases.

Section E: Household Information:

List all persons living in your household, whether or not such person(s) is a Senior Citizen. Disabled tenants are not required to provide proof of age. Senior Citizens shall provide acceptable proof of age, which may be a copy of a birth certificate, driver's license, baptismal certificate, passport or such document evidenced by a public record and deemed acceptable by the Rent Leveling Administrator.

Section F: Household Income:

List the income received by yourself and each member of your household for the LAST FULL CALENDAR YEAR. Total household income is income from all sources, both taxable and non-taxable for each household member, whether or not such household member is a Senior Citizen. Provide copies of proof(s) of income, which shall include but are not limited to Social Security benefits statements (form SSA-1099) for the last full year. If you did not receive this form, please contact Social Security at (800)772-1213 and they will send you a copy. You must also provide a copy of your New Jersey State Tax return(s) for each household member for the last full year. If you did not file a tax return, please complete the attached affidavit included with your application.

Applicant Certification:

Please sign, print your name, and date application.

If you qualify for Reduced Rent, an approval notice will be sent to both you and your landlord detailing the effective date of your Reduced Rent two-year qualification period. This does not mean your rent will not be increased next year. For continued qualification, The Fort Lee Rent Leveling Ordinance requires a re-filing every two years. The applicant must re-apply three (3) months prior to the end of the two-year term. **If you have any questions, please feel free to contact our office at (201)676-3008.**

*****PLEASE BE SURE TO INCLUDE ALL PROOFS OF AGE AND INCOME AS LISTED IN SECTION E & SECTION F ABOVE.**



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Reduced Rent Application

Section A: Tenant Information

Full Name:			Date of Birth:	
	Last	First	M.I.	
Address:	Street Address			Apartment/Unit #
Phone No.:	Email:			

Section B: Owner / Landlord Information

Name of Landlord:	Address:
Telephone No.:	

Section C: Disability Information

IF APPLICABLE, CHECK HERE: YES ☐ NO ☐
If you are NOT 62 years old but are disabled and are unable to engage in substantial gainful activity, attach a copy of the SSI or Social Security Disability certificate of entitlement and a physician's statement certifying your disability. Please complete the remainder of this application.

Section D: Rental Information

1. How many years have you resided in this apartment?	_____ Years
2. What month and year did you move in?	_____ Month _____ Year
3. Current rent dates from:	_____ to _____ Amount of Current Rent: \$ _____
4. Have you been notified of a rent increase?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES": What is the date of your new rent? _____ Amount of New Rent: \$ _____	
If "NO": When do you expect your rent to be increased? _____	
5. How many months (out of 12) do you occupy this apartment?	_____ Months out of 12
6. Do you receive a Fort Lee (or other) rent subsidy?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section E: Household Information (List all persons living in the household)

FULL NAME:	Relationship (Self/Applicant)	Date of Birth:
1.		
2.		
3.		
4.		

Section F: Income Information (For the last full calendar year. Omit names and use the occupants number listed in Section E)

	No. 1	No. 2	No. 3
Social Security:	\$ _____	\$ _____	\$ _____
Wages:	\$ _____	\$ _____	\$ _____
Pension:	\$ _____	\$ _____	\$ _____
Interest:	\$ _____	\$ _____	\$ _____
Dividends:	\$ _____	\$ _____	\$ _____
Public Assistance:	\$ _____	\$ _____	\$ _____
Unemployment Compensation:	\$ _____	\$ _____	\$ _____
Rent from Tenants:	\$ _____	\$ _____	\$ _____
Other Income (Source):	\$ _____	\$ _____	\$ _____
Non-Taxable Income (Source):	\$ _____	\$ _____	\$ _____
TOTAL FULL YEAR'S INCOME:	\$ _____	\$ _____	\$ _____

APPLICANT'S CERTIFICATION:

I hereby affirm under penalties provided by law that the contents of this document are true, correct, and complete to the best of my knowledge and belief. I understand that disclosure of the total household income is mandatory to qualify for the reduction in the percentage increase and that all parts of this application, including those parts related to income are subject to verification of the Rent Leveling Board and that I may be required to provide such additional information in support of this application as may be deemed necessary and appropriate by the Rent Leveling Administrator.

Signature:	Print:	DATE:
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PLEASE BE SURE TO ENCLOSE THE NECESSARY PROOF OF AGE AND INCOME DOCUMENTS. THANK YOU



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NEW JERSEY TAX AFFIDAVIT

(Please attach to Fort Lee Rent Leveling Reduced Rent Application for Senior Citizens / Disabled Citizens for reduced rent increase percentage)

STATE OF NEW JERSEY:

COUNTY OF BERGEN:

***I / We _____ hereby
certify that I / We did not file a New Jersey Income Tax return for the last full calendar
year 20____ for the following reasons:***

Name(s) of Applicant(s)

Signature(s) of Applicant(s)

***Sworn to and subscribed
before me this _____
day of _____, 20____***

Notary Public of the State of New Jersey