



# CITY OF JERSEY CITY

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

JERRAMIAH T. HEALY  
MAYOR

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 THERETO 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 #

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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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H:				

**LAST CAPITAL IMPROVEMENT**

CLAIM NO.	APT. NO	PERCENT INCREASE	AMOUNT OF INCREASE	EFFECTIVE DATE
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C:				

**VACANCY CAPITAL IMPROVEMENT**

CLAIM NO.	APT. NO	PERCENT INCREASE	AMOUNT OF INCREASE	EFFECTIVE DATE
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V:				

**OTHER CHANGES, SPECIFY AND DETAIL:**

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