



City of New Brunswick's Rent Control Office

2010 Rental Registration Form

P.O. Box 269 – 25 Kirkpatrick St.
 New Brunswick, NJ 08903
 732-745-5050 (phone) 732-565-7532 (fax)

Office Use Only:

Property Address: _____
New Brunswick, New Jersey 08901

Check / Money Order #: _____
 Check payable to: the City of New Brunswick

Number of Units _____ Fee (\$25.00 per Unit): _____

CHECK HERE IF 2-FAMILY OWNER OCCUPIED

A late fee of \$5.00 per unit will be assessed on forms received after April 30, 2010

Owner Information

Owner Name	Owners Mailing Address:	City	State	Zip Code	Day Phone #	Evening Phone #	Share
Owner Name	Address	City	State	Zip Code	Day Phone #	Evening Phone #	
Managing or Natural Members name if LLC:	Address	City	State	Zip Code	Day Phone#	Evening Phone #	
If Using a P.O. Box for mailing address-	Provide Physical Address here:	City	State	Zip Code	Day Phone#	Evening Phone #	

Emergency Contact Name	Address	City	State	Zip Code	Day Phone #	Evening Phone #

Middlesex County Representative (Required for out of county owners)	Address	City	State	Zip Code	Day Phone #	Evening Phone#
Agent for Property, if any	Address	City	State	Zip Code	Day Phone #	Evening Phone #
Superintendent's Name	Address	City	State	Zip Code	Day Phone #	Evening Phone #
Oil Fuel Provider	Address	City	State	Zip Code	Day Phone #	Evening Phone #

COMPLETE ALL SECTIONS OF THIS FORM FRONT AND BACK

Property Address: _____
 New Brunswick, New Jersey 08901

Unit Information

2010 Allowable Base Rent Increase (CPI) 2.5%

Unit #	Sq. ft of Unit	TOTAL Number of ROOMS	TOTAL Number of BEDROOMS	TOTAL Number of OCCUPANTS	Current Monthly Rent Collected	Current Lease Start DATE	Check only if Landlord Provides These Utilities					Previous Year's Rent	SURCHARGE (CAPITAL IMPROV. OR HARDSHIP)
							Heat	Gas	Electric	Water	Sewer		
Example → 1	750	5	2	2	\$1,000.00	2/1/2008	x	x	x	x	x	\$976.00	0

NOTE: If your lease is a month to month or a verbal agreement you **MUST STILL PROVIDE THIS OFFICE WITH A 'LEASE START DATE'**.
Unit rent can only be increased once every 12 months.

I certify under penalty of law that the information provided in this document is true and accurate. I am aware that there are significant penalties for submitting false or inaccurate information.

 Signature of Owner/Landlord or Authorized Representative

 Date

COMPLETE ALL SECTIONS OF THIS FORM FRONT AND BACK