

Rent Leveling Board
Township of Belleville
152 Washington Avenue
Belleville, NJ 07109
Tel: (973) 450-3323
Fax: (973) 759-8022

VACANCY DECONTROL APPLICATION

FEE: \$100.00

PROPERTY ADDRESS: _____

Unit/Apt # _____ # of Rooms: _____ Block: _____ Lot: _____

NAME OF VACATING TENANT: _____

Vacating Tenant's Base Rent \$ _____/mo. Date the apartment became vacant: _____

New Tenant Lease Start Date: _____ **New tenant's rent:** \$ _____

OWNER INFORMATION

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Daytime phone:() _____ Cell phone:() _____

LANDLORDS CERTIFICATION

I, hereby certify that I, _____, am the owner/
landlord of the rental property located at _____
in Belleville, New Jersey and that the vacancy of Unit _____ at said property was
voluntary vacated and that I have not committed or caused to be done any harassment,
intimidation or other similar action to the tenant with the intent to have a tenant vacate
the rental unit.

The above statements are true and I understand that I may be subject to punishment
and/or the effects of this certificate can be rescinded.

Owner/Landlord _____ Date: _____

Fee Paid \$ _____ CK# _____