



THE CITY OF NEW BRUNSWICK OFFICE OF RENT CONTROL

CIVIC SQUARE • 25 KIRKPATRICK STREET • PO Box 269
NEW BRUNSWICK, NJ 08903
732-745-5050
732-565-7532 FAX

MCODY@CITYOFNEWBRUNSWICK.ORG
NAZCONA@CITYOFNEWBRUNSWICK.ORG

REQUEST FOR CERTIFICATION OF ALLOWABLE RENT

Date _____

Fee: \$10 per unit

Please complete the following information as much as is applicable.

Property Address _____

Rent Amount \$ _____

Start Date of Lease _____

Previous Rent Amount (if applicable) \$ _____

Previous Start Date (if applicable) _____

Your Name _____

Your Mailing Address _____

Phone # _____ Email Address _____

Do you have a copy of the lease? ___ Yes ___ No

Any specific questions/comments?

Please allow 10 business days to process your request.

Fee: \$ _____

Check # _____

Rent Verified by: _____

Date: _____