



# BOROUGH OF ATLANTIC HIGHLANDS

100 FIRST AVENUE  
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## *Rent Leveling Board Application*

Tenant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Tenant Phone Number: \_\_\_\_\_

Tenant Email Address: \_\_\_\_\_

**Initial** Date of Tenancy in current apartment or unit (Must be prior to July 1, 2016):

\_\_\_\_\_

Term and effective dates of prospective (new) lease \_\_\_\_\_

Monthly rent - prospective (new) lease \_\_\_\_\_

Term and effective dates of prior (old) lease \_\_\_\_\_

Monthly rent - prior (old) lease \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Tenant acknowledges that the ordinance requires that the **tenant** must serve a copy of this complaint form, along with a copy of any relevant evidence, on the landlord or the landlord's agent or legal representative by certified mail or in person. If tenant does not perform this step, this complaint will not be addressed by the Rent Leveling Board.

Fee - \$50

I have read all of the above statements and I affirm that the statements are true and correct to the best of my knowledge and belief. False statements may subject me to penalties provided by law.

By: \_\_\_\_\_

Tenant's Signature

Date

The Borough of Atlantic Highlands does not determine tenancy status.  
Pursuant to Section 277 of the Ordinances of The Borough of Atlantic Highlands, NJ.

