TOWNSHIP OF MONTCLAIR
RENT CONTROL OFFICE

VACANCY ALLOWANCE APPLICATION
Township Code Rent Regulation § 257-12

Property Owner Name: ____________________________________________________________

Mailing Address: _______________________________________________________________

City: ___________________ State: _______ Zip: _______

Phone Number: ______________ Email: ____________________________

Vacating Tenant Name: _________________________________________________________

Unit #: ___________ Property Address: ___________________________________________

Date of Vacating: __________ Rent Immediately Prior to Vacancy: $________________________

Base Rent as of May 1, 2020: __________________

New Lease Term: __________________ Base Rent of New Lease: $________________________

I (landlord) certify that I am in compliance with the registration requirements pursuant to §257-14.  ☐ Yes  ☐ No

I (landlord) certify that I am in substantial code compliance with applicable law as defined in §257-3.  ☐ Yes  ☐ No

I (landlord) certify that I have NOT harassed or pressured the above referenced tenant into vacating the dwelling as set forth under §257-13.  ☐ Yes  ☐ No

I (landlord) certify that the vacating of the dwelling was a voluntary act by the tenant OR was by virtue of a Court Order.  ☐ Yes  ☐ No

I (landlord) certify that the vacancy allowance pursuant to §257-12 has not been charged for the unit during the previous five (5) year period since May 9, 2022.  ☐ Yes*  ☐ No

*If certifying yes, please provide documentation to show that the vacancy allowance has not been sought during the five-year period since May 9, 2022, including a listing of all occupying tenants, their beginning and end lease periods and rents paid.

The foregoing statements are made by the undersigned under oath and with full knowledge that if any of the same is a willful misstatement of fact, the penalties provided for in Chapter 257 of the Rent Control Ordinance of the Township of Montclair shall apply.

Property Owner (or agent) Signature: _____________________________________________

Dated: _____________________________________________

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of ________________________________________________________________

County of ______________________________________________________________

On the _______ day of __________, 202___, before me, ____________________________, Notary Public in and for said county, personally appeared ________________________________, (signer) who has satisfactorily identified him/her as the signer to the above-referenced document.

Notary Signature

My Commission Expires: ______________________

[Notary Seal/Stamp, if any]