NORTH ARLINGTON
RENT LEVELING MONTHLY REPORT

Date (mm/dd/yy)_____ CHANGE IN OCCUPANCY(yes or no)_____

I, _____, the owner/manager of _____ apartments, located at _____, North Arlington, New Jersey – # of apartments _____ certify that there have been the following changes in tenancy(ies) for the month of _____.

If no changes please mark here "no changes" _____
If changes, please fill out information below:

Apt. #	Bldg. #	Prior Tenant	Rent	New Tenant	New Rent	Term	Days Vacant

Signed By Owner/Landlord: _____
Owners Address and phone number