State of New York
Division of Housing and Community Renewal
Office of Rent Administration
Web Site: www.nyshcr.org

Gertz Plaza
92-31 Union Hall Street
Jamaica, NY 11433
(718) 739-6400

FOR AGENCY USE ONLY
Docket Number:

OWNER'S APPLICATION FOR MODIFICATION OF SERVICES

MAILING ADDRESS OF TENANT:

Name: _____

Number/Street: _____ Apt. No.: _____

City
State, Zip Code: _____

MAILING ADDRESS OF OWNER/AGENT:

Name: _____

Number/Street: _____

City
State, Zip Code: _____

Telephone Number: ( ) _____

SUBJECT BUILDING: (If different from tenant's mailing address):

_____

Number and Street | Apartment Number | City, State, Zip Code

Instructions: An original and one copy of this application and accompanying documents, if any, must be filed with this Division. If multiple tenants will be affected by the proposed modification, additional copies of the application (including attachments) must be submitted for **each** affected rent regulated apartment. In such case, the original shall be in the form of a master application with a complete schedule attached listing the names of the tenants, the apartment numbers, and the apartment status (see attached Supplement 1).
Note: It will be sufficient to submit copies of the master application to serve on the tenants - it is not necessary to personalize each application with the tenant's name, apt no., etc.

Please respond to the following, attach additional sheets if necessary.

Building(s) Registration No.: _____ Total No. of Apts. _____ Total No. of Rent Regulated Apts. _____

1. Describe in detail the existing service(s) you propose modifying; give date such services, equipment or facility was originally installed and/or provided.

2. Describe in detail the proposed modification and state the facts and/or reason you believe justify your request.

Affirmation Of Owner:

I have read the foregoing application and I affirm that the contents are true of my own knowledge.

It is not necessary that the foregoing application be sworn to but false statements may subject you to the penalties provided by law.

(Signature of Owner or Authorized Representative)

_____

Dated: _____

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SUPPLEMENT 1 - Apartment Status

Instructions: Identify Rent Controlled, Rent Stabilized, Cooperatives/Condominium, Deregulated, and Exempt apartments by placing "RC", "RS", "C", "D", o r "E" in the "Apt. Status" column.

Name of Owner/Agent:

Addresss of Subject Building:

Unit Identification (1)	Tenant Name/ Other Identifying Information (vacant, employee apt., etc) (2)	Apt. Status "RC" "RS" "C" "D" "E" (3)

Supplement 1 - Continuation Sheet

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Unit Identification (1)	Tenant Name/ Other Identifying Information (vacant, employee apt., etc) (2)	Apt. Status "RC" "RS" "C" "D" "E" (3)