

## State of New York Division of Housing and Community Renewal Office of Rent Administration Web Site: www.hcr.ny.gov

Westchester County District Rent Office 75 South Broadway, 3rd Floor White Plains, New York 10601 **Docket Number:** (for DHCR Use Only)

**Reconsideration: Tax Abatement Order** 

1. Mailing Address of Tenant or Representative:	2. Mailing Address of Owner/Agent:
Name:	Name:
Number/Street	•
Apt. No.	
City, State, Zip Code:	
Telephone Number:	Telephone Number:
3. Subject Building:  (Number and Street)	(City, State, Zip Code)
(Number and Street)	(City, State, Zip Code)
4. This form is being filed by theOwner orTena/ under Docket No	-
Inst	tructions
A. File the original of this form with the Division of Housing within 35 days of the issuance date of the tax abatement of	and Community Renewal (DHCR) at the address given above, order.
B. Until an order is issued determining your challenge, the ta in effect.	x abatement order that is the subject of this challenge remains
Reason for the rec	consideration request
Income was not properly calculated.	
Legal Rent was not properly calculated.	
Other	
Comments:	
Please attach and submit documentation to support your reco	onsideration request.
Required signature of applicant or designated representative	/e:
Date:	
Duw	
RTP-13R (5/13)	
- ()	