



**Owner's Application for Rent Increase Based on Major Capital Improvements**

**Subject Building:**

**Mailing Address of Owner/Owner's Rep.:**

Number/Street: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Number/Street: \_\_\_\_\_

Building ID Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Total Number of Apartments: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Total Number of Rent Regulated Apts.: \_\_\_\_\_

Fax Number.: \_\_\_\_\_

Number of Residential Rooms : \_\_\_\_\_

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

**Requested Rent Increase**

MCI Improvement	Approximate Age of Replaced Item	Useful Life Expired? Yes/No	Installation Dates		Claimed Costs (Do not include finance charges, rebates, discounts, refunds, permit fees or sales tax)
			From	To	

1. Total Claimed Costs: \$ \_\_\_\_\_

2. Deductions From Claimed Costs:

a) Enter sum of allocated amount(s) from all copies of Supplement 4, line 5 **if commercial spaces benefitted from the performed work.** \$(\_\_\_\_\_)

b) **Cooperative** Reserve Fund not reimbursed, or credit applied against reserve fund. \$(\_\_\_\_\_)

c) **Insurance** proceeds from loss on replaced items. \$(\_\_\_\_\_)

d) **Grant** amounts from government agencies. \$(\_\_\_\_\_)

3) Total Deduction from Claimed MCI Cost (add lines 2a through 2d) \$(\_\_\_\_\_)

4) Net Claimed MCI Cost (subtract line 3 from line 1) \$(\_\_\_\_\_)

5) Amortization Period - Check Appropriate Box

[ ] Divide line 4 by 96 months for buildings/complexes with 35 or fewer housing accommodations \$ \_\_\_\_\_

[ ] Divide line 4 by 108 months for buildings/complexes with more than 35 housing accommodations \$ \_\_\_\_\_

6) Enter the total number of rooms in all apartments, including Apartments used for professional or commercial purposes) \_\_\_\_\_

7) **Rent Increase per Room per Month (divide line 5 by line 6)** \$ \_\_\_\_\_

### Affirmation of Owner

I am submitting two complete identical applications with two copies of all required supplements and supporting documentation. If the improvements were done with a government loan, grant agreement or a tax abatement, I have attached a copy of the agreement/abatement to this application. If the building is a coop/condo, I have contacted and obtained consent from all other owners of rent regulated units to file on their behalf. All such units are noted on Supplement 5.

I am maintaining all required services and will continue to provide such services. I affirm that there are no current immediately hazardous violations on the premises issued by any municipality, county, state or federal agency. However, if there still is such a violation of record, the violation has been corrected; if it is a tenant induced violation, I believe it should be waived for the purposes of this application.

Please check the applicable box below:

I will make the complete application, including all supplements and documentation, available for tenant review in the office of the superintendent or resident manager at the building or conveniently close at:

\_\_\_\_\_

As such office is not available, tenants may request appointments at DHCR to review the entire application.

I affirm under the penalties provided by law that the contents of this application are true to the best of my knowledge.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Print signer's name here: \_\_\_\_\_ Title: \_\_\_\_\_

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

### Owner Checklist

The questions below will assist in the processing of your application and reduce delays.

- 1) Did you submit all contracts, proposals and/or invoices signed by both parties for each MCI item?
- 2) Did you submit all cancelled checks, bank statements and other proof of payment as required?
- 3) Do contracts/proposals/invoices equal the claimed costs? If not, explain in detail.
- 4) Do the contracts/proposals/invoices itemize each cost?
- 5) Did the contractor/vendor sign all relevant supplements?
- 6) Did you complete supplement 2 that is required for certain MCI items?
- 7) Did you submit all required government permits/approvals for the MCI installation claimed?
- 8) Do checks submitted equal the claimed costs? See supplement 3. If amounts do not equal, explain in detail.
- 9) Did you complete supplement 4 regarding commercial properties located at the subject premises?
- 10) Does supplement 5 contain the current list of tenants? (List must be accurate within 30 days of filing)
- 11) Compare room counts in this application against prior MCI applications. Explain any discrepancies.
- 12) Complete the coop/condo questionnaire, if applicable. See supplement 6
- 13) Is the building currently registered and in the preceding 4 years prior to the application filing date?
- 14) If the property contains lead paint violations, did you remove such violations on record with the local municipal agency?
- 15) Did you sign the application and all relevant supplements?

**Owner's Application for Rent Increase Based on Major Capital Improvements  
Supplement 1 - Owner and Contractor/Vendor Affirmation**

**Instructions: Complete this form for each Major Capital Improvement item claimed. If more than one contractor/vendor installed an item, complete a separate form for each contractor/vendor. Affirmation must be signed by the contractor/vendor.**

**Section A - To Be Completed by Owner**

MCI Item: \_\_\_\_\_

Contracted Cost: \$ \_\_\_\_\_ Amount Paid to Contractor/Vendor below: \$ \_\_\_\_\_

If the above amounts are not the same, please explain in detail on a separate sheet of paper.

Are the applicable Governmental Permits/ Certificates of Operation and/or Municipal sign-offs attached?

Yes  No  Not Applicable. If you checked off "No", please explain in detail on a separate sheet of paper.

Is there or has there ever been a relationship, financial and/or otherwise, between owner and this contractor/vendor or principal of same?  Yes  No If yes, please explain in detail on a separate sheet of paper.

If the MCI item above was for one of the following installations, answer the relevant questions under Supplement 2

Burner    Boiler    Elevator    Mailboxes    Pointing/Waterproofing    Rewiring    Roof    Repiping/Gas Repiping

**Affirmation by Owner**

I have read the statements contained in this affirmation and I affirm under the penalties provided by Law that the statements are true and accurate to the best of my knowledge.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Print signer's name here: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Section B: To Be Completed by Contractor/Vendor**

Contractor's/Vendor's Name: \_\_\_\_\_

Contractor's/Vendor's Address: \_\_\_\_\_

Subject Building: \_\_\_\_\_

MCI ITEM: \_\_\_\_\_ Date Work Started: \_\_\_\_\_ Date Work Ended: \_\_\_\_\_

Contracted Cost: \$ \_\_\_\_\_ Amount Received from Owner: \$ \_\_\_\_\_

If the above amounts are not the same, please explain in detail on a separate sheet of paper.

Is there or has there ever been a relationship, financial and/or otherwise, between owner and this contractor/vendor or principal of same?  Yes  No If yes, please explain in detail on a separate sheet of paper.

**Affirmation by Contractor/Vendor**

I affirm, under the penalties provided by Law, that the cost of the improvement and all information listed above are true and accurate: that these improvements have been made in the subject building and paid in full; or are subject to an installment agreement; in case of a relationship, financial or otherwise, between the owner and the contractor the information provided is true and accurate.

Signature of Contractor/Vendor: \_\_\_\_\_ Date : \_\_\_\_\_

Print signer's name here: \_\_\_\_\_ Title: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_

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

**Owner's Application for Rent Increase Based on Major Capital Improvements  
Supplement 2 - Required Additional Information for Specific MCIs**

You must answer the relevant questions and/or check the appropriate boxes below if required under supplement 1.

**Burner and/or Boiler:**

A. If Burner is designed to be gas/oil interruptible, has the gas hook-up been completed?     Yes     No

B. What is:        the maximum gross input in B.T.U.'s? \_\_\_\_\_

                         the maximum gross output in B.T.U.'s? \_\_\_\_\_

**Elevator Upgrading:**

Were new Controllers and Selectors or new related technology installed?     Yes     No

**Mailboxes:**

A. Were the old mailboxes located in the:         Inner vestibule     Lobby     Outer vestibule?

B. Are the new mailboxes located in the:         Inner vestibule     Lobby     Outer vestibule?

C. Are the front doors kept locked?                 Yes     No

**Pointing and Waterproofing:**

A. Submit a statement from the Contractor or other qualified individual who examined all exposed sides of the building before the pointing and waterproofing were performed which confirms that all necessary pointing and waterproofing was done on all sections of each exterior wall where such work was required.

B. Attach a diagram indicating area where such work was performed.

C. What is the appropriate square feet of pointed and waterproofed area? \_\_\_\_\_

**Rewiring:**

A. Have you installed new copper feeders and risers from the property box to every housing accommodation?     Yes     No

**Roof:**

A. What is the approximate:                Square Feet of entire roof area? \_\_\_\_\_

   Square Feet of new roofing? \_\_\_\_\_

B. If the dimensions are not the same, please explain on a separate sheet of paper.

**Re-piping:**

A. Were new hot and/or cold water risers, returns and branches to fixtures installed in every housing accommodation?     Yes     No

B. Were new hot and/or cold water overhead mains with all necessary valves installed in the basement?     Yes     No

**Gas Re-piping:**

A. Were new gas risers, and branches to fixtures installed in every housing accommodation?     Yes     No

B. Were new gas overhead mains with necessary valves installed in the basement?     Yes     No

**Owner's Application for Rent Increase Based on Major Capital Improvements  
Supplement 3 - Invoice/Contract - Proof of Payment Worksheet**

**Instructions:** Complete this form for each Major Capital Improvement item claimed. If more than one MCI is claimed, complete a separate form for each item and attach. You must also attach all contracts, proposals, invoices and proof of payment.

**MCI ITEM:** \_\_\_\_\_

<b>Company Name or Individual Name on Contract/Invoice</b>	<b>Amount Listed On Invoice</b>	<b>Check Amount</b>	<b>Check Date</b>	<b>Payee</b>

**TOTALS**      \$ \_\_\_\_\_      \$ \_\_\_\_\_      **(If different please explain)**

**NOTES REGARDING PROOF OF PAYMENT:**

Claimed improvements must be supported by adequate documentation which should include **one or more of the following:**

1. Cancelled check(s) contemporaneous with the completion of the work;
2. Invoice receipt marked paid in full contemporaneous with the completion of the work;
3. Signed contract agreement,
4. Contractor's affidavit indicating that the installation was completed and paid in full.

Whenever it is found tht a claimed cost warrants further inquiry, additional documentation (including each of the items listed above) may be requested. As a matter of policy, when processing MCI applications, the Rent Administrator will routinely require more than one of the above to confirm costs in addition to a bank statement showing the withdrawal of funds.

If the payee is different from the company/individual name on the contract/invoice, please explain.

**Owner's Application for Rent Increase Based on Major Capital Improvements  
Supplement 4 - MCI Cost Allocation for Commercial Tenants**

**Instructions to Owner:** Owner's must complete this Supplement if there are ANY commercial tenants/entities in the subject premises.

**Subject Building:** \_\_\_\_\_

**(A) List of Commercial Tenant/Entities:**  
(Include additional sheets if necessary)

**(B) Total Floor Area (Square Feet) of commercial space:**  
(Basement included but not apartments listed in Supplement 5)


**(C) Total Floor Area (Square feet) in the building:** \_\_\_\_\_

**(Do not include basement area unless all or part is used for commercial purposes. If applicable, include in the total area only the square feet of the basement areas used for commercial purposes)**

**Do any of the above commercial tenants/entities benefit from the MCI item(s) listed in this application? If yes, list commercial tenant/entity, MCI item and claimed costs of items (from page 1 application):**

Commercial Tenant/Entity:	MCI Item(s)	Claimed Costs:

- 1) Total cost of MCI items above:     \$ \_\_\_\_\_
- 2) Total Floor Area in the Building (From C): \_\_\_\_\_
- 3) Total Floor Area benefitting from MCI (From B): \_\_\_\_\_
- 4) Benefited commercial space as a percentage of total space (divide line 3 by line 2): \_\_\_\_\_ %
- 5) Benefited commercial space share of MCI Cost (multiple line 1 by line 4):     \$ \_\_\_\_\_

**NOTE: Laundry rooms should be included in this supplement.**

**Professional apartments should not be included in this supplement. They should be listed in supplement 5 only.**

Check this box if the subject premises do not contain any commercial tenants/entities.

**Owner's Application for a Rent Increase Based on Major Capital Improvements  
Supplement 5 - Schedule of Tenants**

**Owner's Instructions:** Complete this form for all apartments (include rent regulated, cooperatives/condominium, exempt and professional apartments). Use as many Continuation Sheets as are necessary. All Continuation Sheets should be numbered. If using more than one sheet, **bring forward** to the next Continuation Sheet the totals for rooms and windows. Identify Rent Controlled, Rent Stabilized, Cooperatives/Condominium, Deregulated, Exempt and Professional apartments by placing "RC", "RS", "C", "D", "E" or "P" next to the tenant's name.

Name of Owner/Agent: \_\_\_\_\_

Address of Subject Building: \_\_\_\_\_

List of tenants As of: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be within 30 days of filing) Page 1 \_\_\_\_ of \_\_\_\_

Unit Identi- fication  (1)	Number of Rooms  (2)	Number of windows (if applicable)  (3)	Tenant Name/Other Identifying Information (vacant, employee apt. etc.)  (4)	Apt. Status "RC", "RS" "C", "D" "E" or "P"
<b>Total:</b>				



**Owner's Application for Rent Increase Based on Major Capital Improvements  
Supplement 6 - Coop/Condo Questionnaire**

**Instructions:** Complete this form if the subject building is a coop/condo. Answer all questions.

**A. When was the cooperative/condominium offering plan declared effective? Please specify the month, day and year \_\_\_\_\_**

**B. Did the sponsor pay for the improvements?** [  ] Yes [  ] No

**C. Were reserve funds (or a credit against the reserve funds) for the Cooperative/Condominium corporation used to pay for the improvement(s) during the initial offering phase (Red Herring phase) of the conversion or after the plan was declared effective.** [  ] Yes [  ] No

**D. If you answered yes to question C above, please specify the amount credited, against the reserve funds, and state whether the reserve funds have been reimbursed in whole, or in part.**

**Amount Credited:** \_\_\_\_\_

**If the reserve funds have been reimbursed, please specify the amount and date of reimbursement.**

**Amount reimbursed** \_\_\_\_\_ **Date of Reimbursement:** \_\_\_\_\_ [  ] Whole [  ] Part

**If the reserve fund was reimbursed, please provide proof.**

**If the reserve funds have not been reimbursed, please state why.**

**E. Has a special assessment been charged to the cooperative shareholders or condominium?** [  ] Yes [  ] No

**If you answered yes to question E above, please provide a copy of the assessment which restricts use of the assessed funds to the specific improvement(s).**

**F. Is there a provision in the cooperative/condominium offering plan, or any amendment thereof, in which the sponsor and/or holder of the unsold shares affirms that they will bear the cost of major capital improvements at their sole expense.**

[  ] Yes [  ] No

**If you answered yes to question F above, please submit a copy of such provision.**

**G. Provide financial statements for the year prior to and the year(s) during the MCI period.**