

Owner's Requested Rent Increase

MCI Improvements (1)	*Age of Item Replaced (2)	Reason Required (3)	Work Dates (4)		**Claimed Cost (5)
			From	To	
					\$

* If not known, note approximate age.

1. Claimed MCI Costs: \$ _____
 **Do not include finance charges, rebates, discounts, refunds or sales tax.

2. Deductions **From** Claimed MCI Costs:
 - a. Enter sum of allocated amount(s) from all copies of Supplement 3, line 6, **if commercial spaces benefit 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: \$ (_____)

Computation of Requested Rent Increase

4. Net Claimed MCI Cost - subtract Line 3 from Line 1: \$ _____
5. Costs over 84 months - divide Line 4 by 84: \$ _____
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: \$ _____

Notice to Owner and Tenants

Costs and statements are subject to verification by DHCR.

If this application is approved, in whole or in part, **rent increases will be subject to the following limitations:**

New York City Rent Stabilized Apartments - In any 12 month period from the date of collectibility established by the Order, the collection of the permanent and temporary retroactive increase combined shall not exceed 6% of the individual apartment rent in effect on the filing date of the application. Any amount exceeding these limits will be collectible in future 12-month periods and shall not exceed 6% of the rent in any subsequent 12-month period. The permanent rent increase is to be collected first.

New York City Rent Controlled Apartments and Rent Regulated Units Outside New York City - In any 12 month period the rent increase will not exceed 15% of the current rent as of the Order issue date, payable at the next rent payment date. Any amount exceeding this limit will be allocated to future 12 month periods and will not exceed 15%.

In addition, this application is to be considered in connection with other MCI orders issued, so that in any 12 month period from the effective date of the order no more than one 6% increase for a rent stabilized apartment (15% for a rent-controlled apartment and rent regulated units outside of NYC) will be collected for the permanent, and temporary retroactive increase combined, or any prospective increase.



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

Owner 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. Section A - Owner information must be properly completed and signed by the Owner. Section B - Contractor/Vendor information must be properly completed and signed by the contractor/vendor. If certification by contractor/vendor cannot be provided see instructions.

Section A - Owner Information

MCI Item: _____ Date Work Started: __/__/__ Date Work Completed: __/__/__

1. Number of: Similar Items in building _____ Items installed _____
 If the above numbers are not the same, please explain: _____

2. Did the replaced item exceed its useful life?
 Yes No If "No", please review Operational Bulletin 90-2 and explain: _____

3. Contracted Cost: \$ _____ Amount Paid to Contractor/Vendor: \$ _____
 If the above amounts are not the same, please explain: _____

4. Are the applicable Governmental Permits and/or Certificates of Operation attached?
 Yes No If "No", please explain: _____

5. If the MCI Item above was one of the following installations, check the appropriate box and answer the relevant questions on Page 5 of Application.

<input type="checkbox"/> Pointing/Waterproofing	<input type="checkbox"/> Burner and/or Boiler	<input type="checkbox"/> Elevator Upgrading	<input type="checkbox"/> Mailboxes
<input type="checkbox"/> Rewiring	<input type="checkbox"/> Roof	<input type="checkbox"/> Re-piping	

6. 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 relationship: _____

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 own knowledge.

Owner/Agent: _____
 Type or Print

By: _____
 Signature

Title: _____ Date: _____

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

Section B - Contractor/Vendor Information

Submit a separate Affirmation for each improvement

Subject Building: _____

Description of Improvement	Date Work Started	Date Work Completed	Cost of Improvement	Contractor's Name	Contractor's Address

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 relationship: _____

Affirmation by Contractor/Vendor

I affirm, under penalties provided by Law, that the cost(s) of the improvement(s) 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 contractor the information provided is true and accurate.

Contractor: _____
Type or Print

By: _____
*Signature

Contractor's License Number: _____

Title: _____ Date: _____

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

***Submit original**

Required Additional Information for Specific MCIs

Docket Number:

If one or more of the boxes were checked for Question 5, Section A, Supplement 1 answer the following questions.

Burner and/or Boiler

- 1. If Burner is designed to be gas/oil interruptible, has the gas hook-up been completed? Yes No
- 2. What is: the maximum gross input in B.T.U.'s? _____
the maximum gross output in B.T.U.'s? _____

Elevator Upgrading:

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

Mailboxes:

- 1. Were the **old** mailboxes located in the: Inner vestibule Lobby Outer vestibule?
- 2. Are the **new** mailboxes located in the: Inner vestibule Lobby Outer vestibule?
- 3. Are the front doors kept locked? Yes No

Pointing and Waterproofing:

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. Attach a diagram indicating areas where such work was performed.

- 1. What is the approximate square feet of pointed and waterproofed area? _____

Rewiring:

- 1. Have you installed new copper feeders and risers extending from property box to every housing accommodation? Yes No
- 2. Is the **voltage** after the rewiring: 110 220 Both

Roof:

- 1. What is the approximate: Square Feet of entire roof area? _____
Square Feet of new roofing? _____

If the dimensions are not the same, please explain: _____

Re-piping:

- 1. Were new hot and/or cold water risers, returns and branches to fixtures installed in every housing accommodation? Yes No
- 2. Were new hot and/or cold water overhead mains with all necessary valves installed in basement? Yes No



**Supplement 3: MCI Cost Allocation For Commercial Tenants
 Benefiting From The Major Capital Improvement(s)**

Name of Owner/Agent: _____

Address of Subject Building: _____

Commercial Units: _____

Instructions To Owner: Owners should complete this Supplement **only** if there are commercial tenants in the subject premises benefiting from the MCI. You may be required to substantiate the entries below.

1. MCI item(s) which benefit the Commercial Tenants (as well as residential tenants).	Claimed Cost(s) of Item(s)*
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

* Do not include finance charges, rebates, discounts, refunds or sales tax.

2. Total Cost of MCI Item(s) Above: \$ _____

3. 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 basement areas used for commercial purposes.) _____

4. Total floor area (square feet) of commercial space (basement included but not apartments used for
 commercial or professional purposes) benefitting from MCI: _____

5. Benefited Commercial space as a percentage of total space (divide line 4 by line 3): _____ %

6. Benefited Commercial space share of MCI Cost (multiply line 2 by line 5): \$ _____

Enter amount on line 6 on page 2, line 2a of the application

Note: In the event a commercial unit benefits from some but not all of the improvements file a separate Supplement 3 for the unit.