



**Application For A Rent Reduction
 Based Upon Decreased Building-Wide Service(s)**

1. Mailing Address of Tenant:

Name: _____

Number/Street: _____ Apt. No.: _____

City, State, Zip Code: _____

Telephone No.: Bus. () _____
 Res. () _____

2. Mailing Address of Owner:

Name: _____

Number/Street: _____

City, State, Zip Code: _____

Telephone No.: () _____

3. Subject Building (if different from tenant's mailing address):

Number and Street

Apartment Number

City, State, Zip Code

Instructions To Tenant: Before filing this application, you should first notify the owner or agent **in writing** of all the service decreases in this application. **You should attach a copy of your letter** and proof of delivery to the owner or agent . If you do not send a letter to the owner or agent and attach a copy with proof of mailing, the owner/agent will be given additional time to respond to your complaint.

Use this form to complain about decreased building-wide service(s) which you have not already reported to us. Mail or deliver the original, plus one copy of the signed form, and one copy of all attachments, to the Rent Office listed on the reverse side of this form. Keep one copy for your records.

If you want to report a decrease in services within your apartment only, please use Form RA-81. To complain about a lack of heat or hot water, use Form HHW-1. Both forms are available at the Rent Office at Gertz Plaza or your District/Borough Rent Office.

Part I - General Information

1. The total number of apartments in this building is: _____ .

a. This building is a Co-op/Condo (Complete the following):

Name of Cooperative Corp./Condo Assn.: _____

Managing Agent: _____

b. My building is managed by a 7a Administrator: _____
 (Name of 7a Administrator)

2. Are other tenants in this building joining in this complaint? Yes No If "Yes," attach the Supplemental Signature and Affirmation, Form RA-84.1.

3. Do the tenant(s) filing this complaint have Tenant Representative(s)? Yes No If "Yes," you **must** complete the appropriate box on each Supplemental Signature sheet.

Note: Designating a tenant as a Tenant Representative does **not** make that tenant a party to the proceeding. In order for a representative who is also a building tenant to be included as a party to the proceeding, the representative's **signature** must appear on either the complaint form or the list of supplemental signatures.

4. If tenants are represented by an attorney, please complete the information below.

(Attorney's Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

5. The conditions noted in this application were brought to the attention of the owner or agent by letter on ____/____/____
(Date)

The letter was (check one): sent by regular mail; sent by certified mail; personally delivered. A copy of the letter and proof of mailing is attached to this application.

Important: You must submit proof of mailing or delivery (e.g. certificate of mailing, certified mail receipt, or signed receipt from owner/agent acknowledging personal delivery).

Part II - Description Of Decreased Service(s)

Check the box next to the area where the condition (equipment or decreased service) exists. **Describe in detail:**

- (a) the condition which exists, or the equipment or service which is not being maintained, and
- (b) the specific area in the building where the condition exists.

Example: Staircase: The hand rail is missing between the 3rd and 4th floors, and the 7th floor fire door does not close.

Please be very specific in order to ensure the timely processing of your application.

Important: If you are complaining about decreases in any of the following services, you must also complete and attach Form RA-84.2: laundry, doorman, security, storage and/or playgrounds.

The owner has failed to provide or maintain the following building-wide services:

Entrance: _____

Lobby: _____

Hall: _____

Staircase: _____

Elevator: _____

Other: _____

Part III - Tenant's Affirmation

I have read the information on this form, and I affirm the contents to be true to my own knowledge.

Date

Tenant's Signature

False statements may subject you to penalties provided by law.

Mail or deliver this form to the DHCR office listed below.

**DHCR, Gertz Plaza
92-31 Union Hall St., 6th Floor
Jamaica, NY 11433**