

Number

and

Address of Housing Accommodation:

## State of New York Division of Housing and Community Renewal Office of Rent Administration

**Docket Number:** 

City: \_\_\_\_\_Zip Code: \_\_\_\_\_

Web Site: www.hcr.ny.gov

## **Supplemental Signature and Affirmation**

| This form is a supplement to the application for a rent reduction based upon decreased building-wide servi- |                 |            | _                 |                    |                         |                     |                       |
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| Street:  |   |                                  |                       |               |
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| If you have Tenant Representatives, provide  | e the information requested in this box:  |                                  |                       |               |
| Name   | Address   | Pho                              | ne No.                |               |
|  |   | Bus.<br>Res.                     |                       |               |
|  |   | Bus.                             |                       |               |
| If you are joining in this complaint, please significant significa | on and print your name in the space provides  | Res.                             | ndicate               | Vollt         |
| apartment number. You must also indicate the right-hand column; either "RS" if your apartry you require more space, use the reverse of the   | ne status of your apartment by checking the ament is rent-stabilized, or "RC" if your apart is form and additional forms as needed. | appropriate bo<br>ment is rent-c | x in the              | e<br>ed. If   |
| I have read the attached complaint, affirm the<br>the stated request for relief. I agree to be bou<br>during these proceedings.  | e contents to be true of my own knowledge, s<br>and by the actions of the tenant representative                                     | sign my name<br>re(s) named or   | , and jo<br>n this fo | oin in<br>orm |
| Name   | Signature   | Apt. No.                         | Status                |               |
| (Please print clearly)   | Signature   | 11pt: 110.                       | RS                    | RC            |
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| RA-84.1 (4/97)   |   | Page 1 of                        | <u> </u><br>f         |               |
| 14.01.1 (1971)   |   |                                  |                       | _             |

| Number and Street:  | City:  | Zip Code: _                                |                   |                  |
|---|--|--|-------------------|------------------|
| have read the attached application, affirm the he stated request for relief. I agree to be boun hese proceedings. | e contents to be true of my own kn<br>ad by the actions of such representa | owledge, sign my namative(s) named on this | ne, and<br>form o | join i<br>luring |
| Name  | Signature  | Apt. No.                                   | St                | atus             |
| (Please print clearly)  | Signature  | Ари 110.                                   | RS                | RC               |
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