



State of New York
 Division of Housing and Community Renewal
 Office of Rent Administration
 Web Site: www.nyshcr.org

Gertz Plaza
 92-31 Union Hall Street
 Jamaica, NY 11433
 (718) 739-6400

Docket Number:

Fair Market Rent Appeal

Type or print in ink all information requested (write in the box)

1. Tenant's Last Name _____ **First Name** _____ **Middle Initial** _____

2. Current Mailing Address (Include Street Number and Name) _____ **Apartment No.** _____

3. City (Borough or Town) _____ **State** _____ **Zip Code** _____

4. Subject Building Address and Apartment Number (If different from the above.) _____

5. Telephone Number (Home) _____ (Day time) _____

The information requested is necessary to process your fair market rent appeal. Your appeal will not be accepted if information is missing.

6. I informed my building owner managing agent about my complaint on ___/___/___
 by letter (attach copy) phone in person

7. I am a prime tenant sub-tenant hotel/SRO tenant

8. I live in a co-operative apartment. Yes No

9. Number of rental units in the building: six or more less than six

10. I moved into the subject apartment on ___/___/___ (Complete (a) or (b) below)
 (a) with a written lease of _____ years, commencing on ___/___/___ and expiring on ___/___/___
 at an initial rent of \$ _____ per month.

(b) without a written lease at an initial rent of \$ _____ per month.

11. My current rent is \$ _____ per month.

12. Electricity is is not included in my rent.

If you pay your rent to a **Prime Tenant** or any person other than the owner, complete Section 14.

13. Mailing Address of Owner/Agent:

Name: _____
Number/Street: _____ Apt. No.: _____
City, State, Zip Code: _____
Telephone Number: () _____

14. Mailing Address of Prime Tenant:

Name: _____
Number/Street: _____
City, State, Zip Code: _____
Telephone Number: () _____

15. I believe the initial rent for my apartment was in excess of the fair market rent because:
(Please set forth the factual basis for this allegation.)

16. Security Deposits: I am being charged \$ _____ as a security deposit, which is more than one month's rent.

A security deposit of \$ _____ was paid to the owner/agent on ____/____/____.

(a) If you vacated the subject apartment did you use your security deposit to pay part of the rent?

Yes No

17. Have you filed any other complaint(s) with the Division of Housing and Community Renewal (DHCR)?

Yes No, If "yes", list Docket Number(s): _____

(a) Has the complaint in this application been raised in Court? Yes No

If "yes", it is pending, Index No. _____

or a decision has been made, (attach a copy of the decision).

18. Rental History: List your leases for the last four years or from the date of your occupancy, if less than four years. Start with the current lease. *Information other than for the dates requested will not be considered.*

No	Lease Period(s) From - To	Lease Amount	Additional Security Deposit Charged, Yes or No, If Yes, Write Amount Below
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	

19. Rental Payments: Last four years or from the date of your occupancy (whichever is less)

Month & Year	Current Year _____	Last Year _____	2 Years Prior _____	3 Years Prior _____	4 Years Prior _____
January	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$
October	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$

20. Major Capital Improvement (MCI) Rent Increase(s): (If none known, state "None Known")

No	Docket Number(s)	Permanent Increase Per Month	Owner Started Collection On	Temporary Increase Per Month	Owner Started Collection On
1		\$		\$	
2		\$		\$	
3		\$		\$	
4		\$		\$	

21. Individual Apartment Improvement (IAI) Rent Increase(s): (If IAI was before your occupancy and you do not have this information state "Not Known". If IAI was during your occupancy, you must enter all information).

No	Item(s)	Date of Improvement	Before or During* your occupancy?	Amount Charged
1				\$
2				\$
3				\$
4				\$

*If the improvements were made during your occupancy, did you sign a written consent? Yes No

22. Rent Reduction and Restoration Orders (Only those issued within the last four years):

Docket Number(s)	Did you pay a reduced rent? Yes or No	If yes, when did you begin paying the reduced rent? (month/year)	What was the amount of rent you paid?	If the owner gave you a refund, what was the amount?	Was the rent restored to the full amount? Yes or No	If "yes", when did you begin paying the full amount? (month/year)
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

23. (Optional) Additional Comments or Other Rent Increases (occurring within the last four years) Not Listed Above: (Attach additional sheets if necessary for this information. Specific dates and documentation must be provided.)

24. Providing the following evidence will make processing quicker and more accurate. Please indicate which of the following documents are attached.

Leases Rent Receipts Canceled Checks DHCR Order(s)

Additional Sheet(s) Other: _____

Tenant's Affirmation

I have read all the statements and I affirm that my statements are true and correct to the best of my knowledge and belief. False statements may subject me to the penalties provided by law.

Date

Signature of Tenant

**Do Not Write in Space Below
For DHCR Use Only.**

Date complaint received: _____

Tenant's Submissions:

Leases Rent Receipts Canceled Checks DHCR Order(s)

Additional Sheet(s) Other: _____

Comments:

