



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

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

Docket Number:

**Tenant's Complaint of Rent and/or Other Specific Overcharges
in Rent Controlled Apartments**

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.** **Floor 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) _____
- 6. Mailing Address of Owner/Agent:**
Name: _____
Number/Street: _____
City, State, _____
Zip Code: _____
Telephone Number: _____
- 7.** I informed my building ☐ owner ☐ managing agent about my complaint on ____/____/____
by ☐ letter (attach copy) ☐ phone ☐ in person
- 8.** Is the building a co-operative or condominium? ☐ Yes ☐ No

9. I moved into the subject apartment on ____/____/____ (Complete (a) or (b) below)

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

(b) with a written lease of _____ years, commencing on ____/____/____ and expiring on ____/____/____ at an initial rent of \$_____ per month.

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

11. Electricity ☐ is ☐ is not included in my rent.

12. Please indicate the number of windows in your apartment: _____

13. Please indicate the number of rooms in your apartment: _____

14. I am complaining about Rent Overcharges arising from the following item(s): (Check all that apply)

☐ Major Capital Improvement (MCI) Increase(s)

☐ Individual Apartment Improvements

☐ Rent Reduction Order(s)

☐ Failure to serve latest RN-26

☐ Improper calculation of latest Maximum Base Rent (MBR)

☐ Succession

☐ Others: _____

15. I believe I am being overcharged because: Please list below and submit proof to support your claim(s).

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. Within the last two years have you filed any other overcharge complaint(s) with the Division of Housing and Community Renewal (DHCR)?

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

18. 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).

19. Rental Payments: Last two years

Month	Current Year _____	Last Year _____	2 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) / Item	Permanent Increase Per Month	Owner Started Collection On
1		\$	
2		\$	
3		\$	
4		\$	

21. Individual Apartment Improvement Rent Increase(s):

No	Item(s)	Amount Charged	Did you sign a written consent? Yes or No	Owner Started Collection On
1		\$		
2		\$		
3		\$		
4		\$		

22. Rent Reduction and Restoration Orders

Rent Reduction 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?	Was a Restoration Order issued? If yes, give Docket Number.	Was the rent restored to the full amount? Yes or No	If "yes", or partial, when did you begin paying the increase? (month/year)
			\$			
			\$			
			\$			
			\$			

23. (Optional) Additional Comments or Other Rent Increases Not Listed Above:

(Attach additional sheets if necessary for this information. Specific dates and documentation must be provided.)

[illegible]

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:

