



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:**

**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) \_\_\_\_\_

*The information requested is necessary to process your complaint. Your complaint may not be accepted if the information is missing.*

6. I am a:  prime tenant  sub-tenant  hotel/SRO tenant  roommate: (Complete (a) and (b) below)  
 (a) I have SCRIE or DRIE  Yes  No  
 (b) I have Section 8 Program:  None  U.S. Dept. of Housing & Urban Development  
 N.Y.C. Housing Authority  Housing Choice Voucher  
 N.Y.C. Dept. of Housing and Preservation Development

If applicable, enter Certificate/Voucher Number \_\_\_\_\_

**7. Mailing Address of Owner/Agent:**

Name: \_\_\_\_\_

Number/Street: \_\_\_\_\_

City, State, \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

8. I live in a co-operative or condominium apartment.  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. 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				

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

- Major Capital Improvement (MCI) Increase(s)
- Illegal Fees & Surcharges
- Individual Apartment Improvements
- Rent Reduction Order(s)
- Failure to serve latest RN-26
- Succession
- Improper calculation of latest Maximum Base Rent (MBR)
- Others: \_\_\_\_\_

**16. Additional Information: (what are the rental events which you believe caused the alleged overcharge within the last four years? Please list below and submit proof to support your claims).**




**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:**