



# ANNUAL APARTMENT REGISTRATION 2008

**NOTICE: IMPORTANT TENANT INFORMATION ON OTHER SIDE OF FORM**

DHCR website: [www.dhcr.state.ny.us](http://www.dhcr.state.ny.us)

<p><b>1. Building ID Number</b></p> <hr/> <p><b>2. Tenant in Occupancy on 4/1/2008:</b> <input type="checkbox"/> Vacant          LAST FIRST M.I.</p> <p><input type="checkbox"/> Tenant succeeded to apartment after 6/19/1997</p> <hr/> <p><b>3. Apartment Street Address</b></p> <hr/> <p><b>4. Apartment Number</b></p> <hr/> <p><b>5. City, Town, or Village</b> <b>6. Zip Code (plus 4)</b>          NY</p> <hr/> <p><b>7a. If this apartment is temporarily exempt, indicate the reason below:</b></p> <p><input type="checkbox"/> Transient Occupancy in Hotel/SRO  <input type="checkbox"/> Commercial/Professional (no c/o) <input type="checkbox"/> Owner Occupied/Employee  <input type="checkbox"/> Not Prime Residence/Not-for-Profit <input type="checkbox"/> Other</p> <hr/> <p><b>7b. If this Apartment became permanently exempt since 2007 Registration, indicate effective date and reason below:</b></p> <p>Effective Date of Exemption: ____/____/____          Month Day Year</p> <p><input type="checkbox"/> High Rent Vacancy          indicate Last Legal Regulated Rent \$_____per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p><input type="checkbox"/> High Rent/High Income          (DHCR has issued a final order exempting apartment)</p> <p><input type="checkbox"/> Commercial/ Professional (with c/o) <input type="checkbox"/> Coop/Condo Occupied by Owner or Non-Protected Tenant</p> <p><input type="checkbox"/> Substantial Building Rehabilitation <input type="checkbox"/> Other (specify) _____</p> <p>Qualifying Expiration of:  <input type="checkbox"/> Sec 11-243 or 11-244 (J-51) <input type="checkbox"/> Sec 608 <input type="checkbox"/> Sec 421-a</p>	<p><b>8. Legal Regulated Rent on 4/1/2008</b></p> <p>\$_____per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p><input type="checkbox"/> 421-a Income Restricted Unit* <input type="checkbox"/> 421-a Market Rate Unit</p> <p>*This 421-a Income Restricted Unit is reserved for individuals or families whose incomes at the time of initial occupancy do not exceed _____% of the area median incomes, as adjusted for family size.</p> <hr/> <p><b>9a. If different from Legal Regulated Rent, enter Actual Rent Paid on 4/1/2008</b></p> <p>\$_____per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p><b>9b. Reason for difference:</b></p> <p><input type="checkbox"/> SCRIE or DRIE <input type="checkbox"/> DHCR Rent Reduction Order  <input type="checkbox"/> Section 8 <input type="checkbox"/> Preferential Rent  <input type="checkbox"/> Appliance Surcharge <input type="checkbox"/> Other (specify): _____</p> <hr/> <p><b>10. Lease in effect on 4/1/2008</b> <input type="checkbox"/> None</p> <p>Began On ____/____/____ Expires On ____/____/____          Month Day Year Month Day Year</p> <hr/> <p><b>11. Rent has changed since 2007 registration due to: (check one or more)</b></p> <p><input type="checkbox"/> Second Succession <input type="checkbox"/> Lease Renewal <input type="checkbox"/> Vacancy Lease <input type="checkbox"/> 421-a (2.2%)</p> <hr/> <p><b>12. Rent changes since 2007 registration due to DHCR rent adjustment order(s): (check one or more)</b></p> <p><input type="checkbox"/> Major Capital Improvement <input type="checkbox"/> Fair Market Rent Appeal <input type="checkbox"/> Rent Overcharge <input type="checkbox"/> Hardship</p> <hr/> <p><b>13. Rent changes since 2007 registration instituted <u>without</u> DHCR order: (specify as many as apply)</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Effective Date (month/year)</th> <th style="width:15%;">Monthly Rent Increase</th> <th style="width:70%;">Reason for Increase (check each improvement made in apt)</th> </tr> </thead> <tbody> <tr> <td>____/____</td> <td>\$_____</td> <td><input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher  <input type="checkbox"/> A/C <input type="checkbox"/> Windows  <input type="checkbox"/> Other (specify): _____</td> </tr> <tr> <td>____/____</td> <td>\$_____</td> <td><input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher  <input type="checkbox"/> A/C <input type="checkbox"/> Windows  <input type="checkbox"/> Other (specify): _____</td> </tr> </tbody> </table>	Effective Date (month/year)	Monthly Rent Increase	Reason for Increase (check each improvement made in apt)	____/____	\$_____	<input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher <input type="checkbox"/> A/C <input type="checkbox"/> Windows <input type="checkbox"/> Other (specify): _____	____/____	\$_____	<input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher <input type="checkbox"/> A/C <input type="checkbox"/> Windows <input type="checkbox"/> Other (specify): _____
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<p><b>14. Owner/Managing Agent (check one)</b> <input type="checkbox"/> Owner <input type="checkbox"/> Managing Agent <input type="checkbox"/> Coop/Condo Owner</p>		
LAST NAME	FIRST NAME	M.I.
Street Address		Apartment/Room Number
City, Town or Village	State	Zip Code

PARA INFORMACION EN ESPANOL, VEA RESPALDO DE ESTA FORMA.  
RR-2A(2008)

**Copy 1 – DHCR Copy 2 – OWNER Copy 3 – TENANT (save for your records)**

## Tenant Information 2008 Annual Apartment Registration

**This form is for informational purposes.** Owners of buildings subject to rent regulation must annually register such buildings with our office, and tenants are provided a copy for review.

To obtain a registration rent history of your apartment and Fact Sheet #26 – Guide to Rent Increases, call the Rent Infoline at (718)739-6400.

Upon review, if you believe that the rent being registered in Item 8 is excessive and not lawful (even if you are paying a **lower/preferential rent** as indicated in Item 9a), discuss it with your building owner. If you are not satisfied, contact the Rent Infoline and request a Rent Overcharge complaint form.

If you are paying a **preferential rent**, you should be aware that the owner may have the right to collect the higher legal regulated rent upon renewal of your lease.

**A complaint of Rent Overcharge is limited to an examination of the apartment's rent history only for the four (4) years preceding the filing date of the complaint.** A rent that is not challenged by a tenant and modified by a DHCR order within four (4) years becomes the legal regulated rent.

The following is a list of documents DHCR commonly distributes to tenants. They are available by calling our Rent Infoline at 718-739-6400, visiting a Borough /District Rent Office or accessing our website at [www.dhcr.state.ny.us](http://www.dhcr.state.ny.us).

1. Lease Renewals (Fact Sheet #4)
2. Lease Rider (Form RA-LR1)
3. Decrease of Services (Fact Sheet #14)
4. Senior Citizens Rights (Fact Sheet #21)
5. Security Deposits (Fact Sheet #9)
6. Succession Rights (Fact Sheet #30)

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**Esta forma es para fines informativos.** Propietarios de edificios sujetos a regulaciones de alquileres deben registrar dichos edificios con nuestra oficina, y los inquilinos deben recibir una copia para su revisión.

Para obtener una copia de la historia de la renta registrada para su apartamento y la Hoja Informativa #26 – Guía para el Aumento de Alquiler en Apartamentos con Alquiler Estabilizado, llame la Línea de Información Arrendataria (718)739-6400.

Después de revisar la registración, si usted cree que la renta registrada en el número 8 es excesiva y no es legal, (aunque esté pagando una **renta menor/renta preferencial**), discuta la información con el propietario del edificio. Si no queda satisfecho, ponganse en contacto con la Línea de Información Arrendataria y solicite un formulario de Sobrecargo de Alquiler.

Si está pagando una **renta preferencial** debe estar enterado que el propietario puede tener el derecho de cobrar la cantidad mayor o legal cuando renueve su contrato de arrendamiento.

**Coop or Condo Owner Affirmation**

15. I (We) certify that I am (we are) maintaining and will continue to maintain all services furnished or required to be furnished to these premises/housing accommodations by any law, ordinance or regulation applicable to the premises/housing accommodations.

Building Registration ID Number \_\_\_\_\_

Apartment Number \_\_\_\_\_

I (We) affirm under penalties provided by law that every statement in this form is complete and accurate, to the best of my (our) knowledge and belief.

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_  
*Date*

If other than owner: \*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

\* Agent may sign acting on behalf of the owner.