



ANNUAL APARTMENT REGISTRATION 2010

NOTICE: IMPORTANT TENANT INFORMATION ON OTHER SIDE OF FORM

DHCR website: www.nysdhcr.gov

<p>1. Building Registration Number</p> <hr/> <p>2. Tenant in Occupancy on 4/1/2010: <input type="checkbox"/> Vacant LAST FIRST M.I.</p> <p><input type="checkbox"/> Tenant succeeded to apartment after 6/19/1997</p> <hr/> <p>3. Apartment Street Address</p> <hr/> <p>4. Apartment Number</p> <hr/> <p>5. City, Town or Village 6. Zip Code (plus 4) NY</p> <hr/> <p>7a. If this apartment is temporarily exempt, indicate the reason below:</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>7b. If this Apartment became permanently exempt since 2009 Registration, indicate effective date and reason below:</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:</p> <p><input type="checkbox"/> Sec 11-243 or 11-244 (J-51) <input type="checkbox"/> Sec 608 <input type="checkbox"/> Sec 421-a</p>	<p>8a. Legal Regulated Rent on 4/1/2010</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><small>*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.</small></p> <hr/> <p>8b. Preferential Rent in effect on 4/1/2010</p> <p>\$_____per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <hr/> <p>9. Other Adjustments (select all that apply):</p> <p><input type="checkbox"/> SCRIE <input type="checkbox"/> DHCR Rent Reduction Order <input type="checkbox"/> Section 8 <input type="checkbox"/> DRIE <input type="checkbox"/> Appliance Surcharge <input type="checkbox"/> Other (specify): _____</p> <p>Enter Actual Payment by Tenant on 4/1/2010 (if different than 8a or 8b)</p> <p>\$_____per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <hr/> <p>10. Lease in effect on 4/1/2010 <input type="checkbox"/> None</p> <p>Began On ____/____/____ Expires On ____/____/____ Month Day Year Month Day Year</p> <hr/> <p>11. Rent has changed since 2009 registration due to: (check one or more)</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>12. Rent changes since 2009 registration due to DHCR rent adjustment order(s): (check one or more)</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>13. Rent changes since 2009 registration instituted <u>without</u> DHCR order (specify as many as apply):</p> <p>Effective Date ____/____/____ Monthly Rent Increase \$_____</p> <p>Reason for Increase (check each improvement made in apartment):</p> <p><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): _____</p> <p>Effective Date ____/____/____ Monthly Rent Increase \$_____</p> <p>Reason for Increase (check each improvement made in apartment):</p> <p><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): _____</p>
--	---

<p>14. Owner/Managing Agent (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Managing Agent <input type="checkbox"/> Coop/Condo Owner</p> <p>LAST NAME FIRST NAME M.I.</p> <hr/> <p>Street Address Apartment/Room Number</p> <hr/> <p>City, Town or Village State Zip Code</p>
--

PARA INFORMACION EN ESPANOL, VEA RESPALDO DE ESTA FORMA.
RR-2A(2010)

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

Tenant Information 2010 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 8a is excessive and not lawful (even if you are paying a **lower/preferential rent** as indicated in Item 8b), 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 within four (4) years and modified by a DHCR order 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.nysdhcr.gov

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)

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 8a 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.

2010 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 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.