



**Owner's Application to Restore Rent**

**Mailing Address of Tenant:**

Name: \_\_\_\_\_  
 Number &  
 Street: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
 City,  
 State, Zip Code: \_\_\_\_\_  
 Telephone  
 Number: ( ) \_\_\_\_\_

**Mailing Address of Owner/Agent:**

Name: \_\_\_\_\_  
 Number &  
 Street: \_\_\_\_\_  
 City,  
 State, Zip Code: \_\_\_\_\_  
 Telephone  
 Number: ( ) \_\_\_\_\_

**Subject Building** (if different from tenant's mailing address):

Number and Street

Apt. No.

City, State, Zip Code

**Instructions:**

**The following must be attached to your application in order for your application to be processed:**

*Note: Applications will be rejected if they are not completed and filed correctly.*

1. An original and one (1) copy of this application and supporting documents must be filed at the Division of Housing and Community Renewal (DHCR) office noted on the reverse side of this form, together with a complete copy of the rent reduction order or order directing restoration of service. You must date and sign Part B and Part C (if applicable).
2. If more than one tenant is affected by the order, you must also provide the following:
  - A) The list of all affected apartments from the rent reduction order and/or order directing restoration of services. Applications **must** be filed for all apartments affected by an order.
  - B) Additional copies of your application, supporting documents, and mailing labels must be provided for each affected tenant.

**PART A (Please check all boxes that apply)**

**A.** The owner has restored all services for which a rent reduction order and/or order directing restoration of services was issued on \_\_\_\_/\_\_\_\_/\_\_\_\_, pursuant to docket number \_\_\_\_\_. Attach a complete copy of the order.

Clearly describe the restored services, equipment or facilities, the date made or furnished, whether the equipment is new or used and the cost. Submit receipted bills or other evidence of the expenditure. (If more space is required, attach a separate sheet to this application.)

**B.** The above named tenant of the subject unit agrees and consents to same as above.

**(Tenant's Statement of Consent must be signed under Part D)**

[ ] C. The tenant has unreasonably refused to permit owner/agent to restore service which was the basis for a rent reduction order or an order directing restoration of service issued \_\_\_\_/\_\_\_\_/\_\_\_\_, pursuant to docket number \_\_\_\_\_.

**Attach a complete copy of the order. Please explain on a separate piece of paper the circumstances and attach required documentation as explained below:**

**The owner must submit copies of two letters to the tenant attempting to arrange access. Each of these letters must have been mailed at least eight (8) days prior to the date proposed for access, and must have been mailed by certified mail, return receipt requested. If a "no access" inspection is scheduled by this Agency, the tenant, owner and/or his repair person(s) are required to be present and ready to begin repairs.**

[ ] D. For building-wide orders only: An affidavit of an independent licensed architect or engineer is included stating that the conditions that are the subject of the order referenced above do not exist. The affidavit is signed by the person investigating the condition(s) and indicates when the investigation was conducted and findings with respect to each condition.

See Notice To Owners (RTP-19.1) for further information.

[ ] E. **FIRE/VACATE:** The rent was previously reduced to \$1.00 per month pursuant to docket number \_\_\_\_\_ issued on \_\_\_\_/\_\_\_\_/\_\_\_\_. The tenant has been restored to occupancy as of \_\_\_\_/\_\_\_\_/\_\_\_\_. Please attach evidence of this fact.

[ ] F. A Major Capital Improvement (MCI) application has been filed for the subject building and is pending under docket number \_\_\_\_\_.

**PART B - Statement and Affirmation of Owner**

**The owner must date and sign.**

I have read the above and I affirm under the penalties provided by law that the contents are true of my own knowledge.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of owner/agent: \_\_\_\_\_

**PART C - Owner's Certification**

**The owner must complete and sign, unless box C was checked above.** If this building is owned by a corporation, this Certification must be signed by a principal.

\_\_\_\_\_, certifies that(s)he is the  
(Print Name)

\_\_\_\_\_ of \_\_\_\_\_  
(Give title: i.e., President; Individual Owner; Partner; etc) (Full name of owner of building, if a corporation)

and also certifies that the owner is fully familiar with the physical condition of the property; that the owner is maintaining and will continue to maintain all services furnished or required to be furnished under DHCR's Rules and Regulations; and that this certification applies to all of the apartments and all of the building-wide services in this building.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature or owner or principal: \_\_\_\_\_

**PART D - Tenant's Statement of Consent**

I, \_\_\_\_\_, am the tenant of the housing accommodation involved. I have read the application and agree that services have been restored.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of tenant: \_\_\_\_\_

**Mail or deliver this form to the DHCR office listed below.**

**DHCR, Gertz Plaza  
92-31 Union Hall Street, 6th Floor  
Jamaica, NY 11433**