

] 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 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 ____/____/____. A copy of the owner's notification to the tenant of the availability of the restored apartment should be attached. The notification should be dated and proof of mailing should be provided. If the tenant declined to resume occupancy please attach evidence of this fact.

PART B - Tenant's Statement of Consent

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

Signature of Tenant: _____ Dated: ____/____/____

Part C- Statement and Affirmation of Owner

I certify (1) that the information provided on the application is true and accurate; (2) that the owner is fully familiar with the physical condition of the property; (3) 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 (4) that this certification applies to all of the apartments and all of the building-wide services in this building.

I have read the information entered on this application and I affirm that this application, to the best of my knowledge, information and belief, is true, accurate and complete. I further affirm that I am the owner or managing agent of the subject premises, or that I am the authorized representative of the owning entity or managing agent of said premises, and that I am authorized to sign and file this certification with the New York State Division of Housing and Community Renewal.

I further understand that making a false statement herein, knowing such statement to be false, and/or offering such false statement for filing are each class A misdemeanors pursuant to the Penal Law of the state of New York (sections 210.45 and 175.30). I understand that conviction of a class A misdemeanor may result in a period of imprisonment not to exceed one year.

Signature of Individual Affirming: _____ Dated: ____/____/____

Status of Person Affirming: _____

(Give title: i.e., President; Individual Owner; Partner; etc.)

Corporation or Partnership Name, if applicable: _____

Mail or deliver this form to the DHCR office listed below:

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