



State of New York  
**Division of Housing and Community Renewal**  
 Office of Rent Administration  
 Web Site: www.nysdchr.gov

Gertz Plaza  
 92-31 Union Hall Street  
 Jamaica, NY 11433  
 (718) 739-6400

**RTP-45**

MDR  ETPA (Outside NYC)

Docket No.: \_\_\_\_\_ Building ID. No.: \_\_\_\_\_

**Owner's Application for Rent Increase Based on Alternative Hardship - Part I  
 (Emergency Tenant Protection Act and/or Rent Stabilization Law)**

Read the accompanying Instruction Booklet for this Application. Complete RTP-45A (Qualifying Form) and RTP-45D (Application Part III) to determine if you qualify for an Alternative Hardship Rent Increase.

- |   |  |
|---|--|
| <p><b>1. Mailing Address of Owner/Agent:</b></p> <p>Name: _____</p> <p>Number/Street: _____</p> <p>Borough or Municipality,<br/>State, Zip Code: _____</p> <p>Telephone Number: ( ) _____</p> | <p><b>2. Mailing Address of Tenant:</b></p> <p>Name: _____</p> <p>Number/Street: _____ Apt. No.: _____</p> <p>Borough or Municipality,<br/>State, Zip Code: _____</p> <p>Telephone Number: ( ) _____</p> |
|---|--|
3. Legal Regulated Rent: \$ \_\_\_\_\_ per month\*
4. Subject Building:

- |   |  |
|---|--|
| <p>5. Building Data: No. of dwelling units: _____</p> <p>Total units: _____ Total No. of Rooms: _____<br/>(Excluding bathrooms)</p> | <p align="center">Number/Street</p> <p align="center">Borough or Municipality, State, Zip Code</p> <p>No. of professional or commercial units including stores: _____</p> <p>No. of garage spaces: _____</p> <p>No. of parking spaces: _____</p> <p>Total No. garage/parking spaces: _____</p> |
|---|--|

6. Acquisition and Construction Data:
- |   |  |
|---|--|
| a. Date property was acquired: _____  | b. Purchased at Tax Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| c. Construction of building: <input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Other | d. Year of Construction (approx.): _____   |
| e. No. of bldgs: _____ Stories for each: _____  | f. Type of Bldg.: <input type="checkbox"/> Elevator <input type="checkbox"/> Garden <input type="checkbox"/> Walk-up |
| If "elevator": No. of "automatic": _____  | No. of "manual": _____   |
| g. Type of fuel used: _____   | h. Capacity of fuel tanks or bins: _____   |

7. Assessment Data (Assessed Valuation in effect at time of filing this application):
- |   |  |  |
|---|--|--|
| a. As established by the City, Town, or Village of: _____   |  |  |
| Land: \$ _____  | Bldgs.: \$ _____                       | Total: \$ _____                          |
| b. Tax Year for which valuation was assessed:   |  |  |
|   | From: ____/____/____<br>Month Day Year | To: ____/____/____<br>Month Day Year     |
| c. Section: _____   | Lot: _____                             | Block: _____                             |
| d. Was the Assessed Valuation for the Tax Year indicated (in 7b) above, or for the Tax Year immediately prior reduced by settlement or court order? |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No if "yes", supply the following data:   |  |  |
| Tax Year: _____   | Original A.V.: \$ _____                | Final A.V.: \$ _____ Reduction: \$ _____ |
| e. Are your real estate tax payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |





MDR  ETPA (Outside NYC)

Docket No.: \_\_\_\_\_ Building ID. No.: \_\_\_\_\_

**Alternative Hardship Rent Increase Qualification Form  
 (Emergency Tenant Protection Act and/or Rent Stabilization Law)**

Complete this form to determine if you qualify for an alternative hardship rent increase for rent stabilized units in this building. Read the accompanying Instruction Booklet.

Building Address: \_\_\_\_\_  
(Number and Street) (City, State and Zip Code)

Owner: \_\_\_\_\_  
(Name) (Mailing Address - Include City, State and Zip Code)

1. Did the owner acquire this property within 36 months of the date of this application?  
 Yes Go to Item 2.  
 No Skip Item 2. Go to Item 3.
  
2. Has the owner, or an entity related to the owner, owned this property for the last 36 months? (See Instructions, page 17 for an explanation of terms.)  
 Yes Attachment is required (See Instructions, page 18). Go to Item 3.  
 No **Stop.** You do not qualify for an alternative Hardship rent increase at this time.
  
3. Has this building received a hardship rent increase within the last 36 months?  
 Yes **Stop.** You do not qualify for an Alternative Hardship rent increase at this time.  
 No Go to Item 4.
  
4. Has the owner resolved all legal objections to any real estate, and/or water and sewer charges for the test year?  
 Yes Go to Item 5.  
 No **Stop.** You do not qualify for an Alternative Hardship increase at this time.
  
5. Purchase price or Construction cost including land. (5) \$ \_\_\_\_\_
  
6. List the original value of all existing mortgages on this property.
 

6a. First:	\$	_____
6b. Second:	\$	_____
6c. Third:	\$	_____
6d. Total:		(6d.) \$ _____
  
7. Subtract Item 6d from Item 5. (7) \$ \_\_\_\_\_
  
8. Divide Item 7 by Item 5. (8) \$ \_\_\_\_\_
  
- If the amount for Item 8 is greater than 0.05 (5%), enter that amount in Item 9. Skip Form RTP-45B and complete Form RTP-45C.
  
- If the amount for item 8 is less than or equal to 0.05 (5%), complete the calculation of Owner's Equity in Property (Form RTP-45B).
  
9. Owner's Equity as a percentage of property value: (9) \_\_\_\_\_ %





**Calculation of Owner's Equity in Property  
 (Supplement to Alternative Hardship Rent Increase Qualification Form)**

- |   |        |       |
|---|--------|-------|
| 1. Purchase Price or Construction Cost Including Land:  | (1) \$ | _____ |
| 2. Original Principal Amount of Mortgage(s)   | (2) \$ | _____ |
| 3. Cost of Capital Improvements (for which owner has not collected rent adjustments)*   | (3) \$ | _____ |
| 4. Original Principal Amount of Mortgage(s) or Loan(s) Used to Finance Capital Improvements<br>(for which owner has not collected rent adjustments) | (4) \$ | _____ |
| 5. Repayment of Principal of Mortgage(s) (for Line 1) and/or loans (for Line 3)*  | (5) \$ | _____ |
| 6. Increase(s) in Equalized Assessed Value (subsequent to first valuation after purchase<br>by owner)*  | (6) \$ | _____ |
| 7. Property Value (Add Lines 1, 3, 5, and 6)  | (7) \$ | _____ |
| 8. Owner's Equity (Line 7 minus the sum of Lines 2 and 4)   | (8) \$ | _____ |
| 9. Owner's Equity as a Percentage of Property Value (Divide Line 8 by Line 7)   | (9) \$ | _____ |

- If the figure on Line 9 is less than or equal to 0.05 (5%), **Stop**. You do not qualify to apply for an Alternative Hardship Rent Increase.
- If the figure on Line 9 is greater than 0.05 (5%), proceed to Form RTP-45C.

\* Attachment may be required. See instructions for this form.





**Alternative Hardship Rent Increase Application - Part II  
 (Emergency Tenant Protection Act and/or Rent Stabilization Law)**

**Read the accompanying Instruction Booklet for assistance.**

1. Are any building-wide rent increases now pending or have any rent increases been granted for this building within the last three (3) years under ETPA or Rent Stabilization Law for increased services, major capital improvements or substantial rehabilitation?  
 No  Yes If "yes", enter Docket No.: \_\_\_\_\_ Date of Order: \_\_\_\_\_
2. Are there any outstanding violations on the property?  
 No  Yes\* If "yes", explain: (See Instructions, page 22).
3. Was there any building-wide rent reduction during the Test Year or the year prior to the Test Year? (See Form RTP-45D for identification of the Test Year.)  
 No  Yes\* If "yes", enter Docket No.: \_\_\_\_\_
4. (Outside NYC only) Did you file your annual Property Maintenance and Operations Cost Survey Schedule for this property?  
 No  Yes (If "no", see Instructions, page 22) (If "yes", enter date filed: \_\_\_\_\_)
5. Have you filed an Apartment Registration, Form RR-1, with the Division for all rent-stabilized apartments in this building? (See Instructions, page 23.)  
 No  Yes
6. Was any apartment rent-controlled at the end of the Test Year?  
 No  Yes\*\*
7. Was any apartment occupied by the owner or managing agent for any part of the Test Year?  
 No  Yes\*\*
8. Was any apartment occupied by a relative of the owner or managing agent for an amount less than the allowable stabilized rent during the Test Year?  
 No  Yes\*\*
9. Was any apartment vacant for more than one (1) month during the Test Year?  
 No  Yes\*\*
10. Did any employee of the owner or managing agent occupy an apartment for an amount less than the allowable stabilized rent during the Test Year?  
 No  Yes\*\*
11. Was any apartment, room or space rented for other than a residence?  
 No  Yes\*\*
12. Was any stabilized apartment rented to tenants with Senior Citizen's rent increase exemption?  
 No  Yes\*\*
13. Was any stabilized apartment rented to tenants with Section 8 rent subsidy?  
 No  Yes\*\*

\*Attachment is required. See instructions for this form.

\*\*If you answered "yes" to any of the questions in Items 6 through 13, you must complete the Rental Income Worksheet, Form RTP-45F, to compute the rental income for the property.









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**RTP-45E - Item A**

MDR  ETPA (Outside NYC)

Docket No.: \_\_\_\_\_ Building ID. No.: \_\_\_\_\_

**Calculation of Allowable Mortgage Interest**

**A. Current Mortgages**

	First Mortgage	Second Mortgage	Third Mortgage	Explanation (if required)
1. Holder				
2. Holder's Address (include City, State, Zip Code)				
3. Origination Date (Month and Year)	/	/	/	
4. Expiration Date (Month and Year)	/	/	/	
5. Original Principal	\$	\$	\$	
6. Outstanding Principal	\$	\$	\$	
7. Interest Rate (if variable, state basis)	% %	% %	% %	
8. Interest Payments in Test Year	\$ \$	\$ \$	\$ \$	
9. Number of Payments Annually				
10. Type of Mortgage	<input type="checkbox"/> Full Self-Amortizing <input type="checkbox"/> Balloon (\$ )	<input type="checkbox"/> Full Self-Amortizing <input type="checkbox"/> Balloon (\$ )	<input type="checkbox"/> Full Self-Amortizing <input type="checkbox"/> Balloon (\$ )	
11. Does owner have any relationship to holder?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	
12. Is holder a previous owner of building?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	
13. Is mortgage secured by any asset other than the building?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) *	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) *	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) *	
14. Are current mortgage payments up to date?	<input type="checkbox"/> No (Explain) * <input type="checkbox"/> Yes	<input type="checkbox"/> No (Explain) * <input type="checkbox"/> Yes	<input type="checkbox"/> No (Explain) * <input type="checkbox"/> Yes	

15. Attach mortgage payment statement(s) for the Test Year. (Mark these "Attachment RTP-45E - A15.") \*

16. Attach a copy of the recorded mortgage(s), mortgage commitment letter(s) and the mortgage closing statement(s). (Mark these "Attachment RTP-45E - A16.") \*

17. Were any of the above mortgages refinanced within the last three (3) years?  No  Yes If yes, answer the following:

a. Identification:  First Mortgage  Second Mortgage  Third Mortgage

b. Reason for refinance: \_\_\_\_\_

c. Prepayment Privilege and/or Penalty details: \_\_\_\_\_

\* Attachment may be required. See instructions for this form.





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Docket No.: \_\_\_\_\_ Building ID. No.: \_\_\_\_\_

**Calculation of Allowable Mortgage Interest**

**B. Prior Mortgages**

	First Mortgage	Second Mortgage	Third Mortgage
1. Holder			
2. Holder's Address (include City, State, Zip Code)			
3. Origination Date (Month and Year)	/	/	/
4. Expiration Date (Month and Year)	/	/	/
5. Original Principal	\$	\$	\$
6. Outstanding Principal at Expiration	\$	\$	\$
7. Interest Rate (if variable, state basis)	% %	% %	% %
8. Annual Debt Service Payments	\$	\$	\$
9. Number of Payments Annually			

10. Allowable Principal on Prior Mortgage:  
 (Sum of all entries in Item B, Line 6) (10) \$ \_\_\_\_\_
11. Principal on Current Mortgages:  
 (Sum of all entries in Item A, Line 5) (11) \$ \_\_\_\_\_
12. Proportion of Interest Cost Allowed:  
 (Line B-10 divided by Line B-11, but not greater than 1.00 (100%)) (12) \_\_\_\_\_ %
13. Total Interest Cost on Current Mortgages:  
 (Sum of all entries in Item A, Line 8) (13) \$ \_\_\_\_\_
14. Allowable Interest Cost:  
 (Line B-13 multiplied by Line B-12) (14) \$ \_\_\_\_\_ (Enter this figure on Line 15, Form RTP-45D)





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**Rental Income Worksheet (continued)**

Docket No.: \_\_\_\_\_ Building ID. No.: \_\_\_\_\_

**V. Owner's or Managing Agent's Relatives' Apartments** (Complete this section if any relative of the owner or managing agent rented an apartment for less than the allowable stabilized rent during the Test Year.)

Col. A	Col. B	Col. C	Col. D	Col. E	Col. F	Col. G
Apt. No.	No. of Rooms	Legal Regulated Monthly Rent	Monthly Rent in Test Year	Difference Per Month	No. of Months	Total Concession Amount
12.		\$ _____	= \$ _____	= \$ _____	X	= \$ _____
13.		\$ _____	= \$ _____	= \$ _____	X	= \$ _____
14.		\$ _____	= \$ _____	= \$ _____	X	= \$ _____
15.		\$ _____	= \$ _____	= \$ _____	X	= \$ _____
16.	Total				Total (16)	\$ _____

**VI. Rents on Employees' Apartments** (Complete this section if any employee of the owner or managing agent occupied an apartment at less than the allowable stabilized rent during the Test Year.)

Col. A	Col. B	Col. C	Col. D	Col. E	Col. F	Col. G
Apt. No.	No. of Rooms	Legal Regulated Monthly Rent	Monthly Rent in Test Year	Difference Per Month	No. of Months	Total Concession Amount
17.		\$ _____	= \$ _____	= \$ _____	X	= \$ _____
18.		\$ _____	= \$ _____	= \$ _____	X	= \$ _____
19.		\$ _____	= \$ _____	= \$ _____	X	= \$ _____
20.		\$ _____	= \$ _____	= \$ _____	X	= \$ _____
21.	Total				Total (21)	\$ _____

**Rental Income Worksheet (continued)**

Docket No.: \_\_\_\_\_ Building ID. No.: \_\_\_\_\_

**VII. Long Term Vacancies** (Complete this section if any apartment was vacant longer than one month during the Test Year.)

Col. A	Col. B	Col. C	Col. D	Col. E	Col. F	Col. G	
Apt. No.	Termination Date	Origination Date	Reason	Mos. Vacant in Test Year	Legal Regulated Monthly Rent	Vacancy Rent Loss	
22.	/ /	/ /		X	\$	= \$	
23.	/ /	/ /		X	\$	= \$	
24.	/ /	/ /		X	\$	= \$	
25.	/ /	/ /		X	\$	= \$	
26.	/ /	/ /		X	\$	= \$	
27.	Total (27)					\$	

**VII. Senior Citizens' Apartments** (Complete this section if any apartments are occupied by tenants with Senior Citizen's Rent Increase Exemption.)

Col. A	Col. B	Col. C	Col. D	Col. E	Col. F	Col. G	Col. H	
Apt. No.	No. of Rooms	Legal Regulated Monthly Rent	Monthly Rent in Test Year	Difference Per Month	No. of Months	Total Abatement	RS or RC	
28.		\$	= \$	= \$	X	= \$		
29.		\$	= \$	= \$	X	= \$		
30.		\$	= \$	= \$	X	= \$		
31.		\$	= \$	= \$	X	= \$		
32.		\$	= \$	= \$	X	= \$		
33.	Total	Total (33)				\$		

**IX. Section 8 Tenants' Apartments** (Complete this section if any apartments are covered by such subsidy.)

Col. A	Col. B	Col. C	Col. D	Col. E	Col. F	Col. G	Col. H	
Apt. No.	No. of Rooms	Max. Allowable Monthly Rent	Monthly Rent in Test Year	Difference Per Month	No. of Months	Total Subsidy	RS or RC	
34.		\$	= \$	= \$	X	= \$		
35.		\$	= \$	= \$	X	= \$		
36.		\$	= \$	= \$	X	= \$		
37.		\$	= \$	= \$	X	= \$		
38.	Total	Total (38)				\$		

**Rental Income Worksheet (continued)**

Docket No.: \_\_\_\_\_ Building ID. No.: \_\_\_\_\_

**X. Summary of Rental Income**

- 39. Enter the amount from Line 1. (39) \$ \_\_\_\_\_
- 40. Enter the amount from Line 3. (40) \$ \_\_\_\_\_
- 41. Enter the amount from Line 5. (41) \$ \_\_\_\_\_
- 42. Enter the amount from Line 10. (42) \$ \_\_\_\_\_
- 43. Enter the amount from Line 16, Col. G. (43) \$ \_\_\_\_\_
- 44. Enter the amount from Line 21, Col. G. (44) \$ \_\_\_\_\_
- 45. Enter the amount from Line 27, Col. G. (45) \$ \_\_\_\_\_
- 46. Enter the amount from Line 33, Col. G. (46) \$ \_\_\_\_\_
- 47. Enter the amount from Line 38, Col. G. (47) \$ \_\_\_\_\_
- 48. Enter the total of Line 39 - 47 here and on the Alternative Hardship Rent Increase Application - Part III (Form RTP-45D) Line 1. (48) \$ \_\_\_\_\_

**XI. Income and Expense Allocation for Mixed Buildings**

- 49. Summary of Residential Room Count
  - a. Enter the total number of Rent Stabilized Rooms from Line 2 (49a) \_\_\_\_\_
  - b. Enter the total number of Rent Controlled Rooms from Line 4 (49b) \_\_\_\_\_
  - c. Total number of Residential Rooms (Add Lines 49a and 49b.) (49c) \_\_\_\_\_
- 50. Rent Stabilized Room Ratio (Divide the entry on Line 49a by the entry on Line 49c.) (50) \_\_\_\_\_
- 51. a. Total Rent Stabilized Income (51a) \$ \_\_\_\_\_  
(Sum of Lines 39, 42, 43, 44, 45, adjusted Line 46\*\*, adjusted Line 47\*\*)
  - b. Commercial Income Allocated to Rent Stabilized Units (51b) \$ \_\_\_\_\_  
(Multiply entry on Line 41 by entry on Line 50.)
  - c. Other Income Allocated to Rent Stabilized Units (51c) \$ \_\_\_\_\_  
(Multiply entry on RTP-45D Line 2 by entry on Line 50 above.)
  - d. Total Income Allocated to Rent Stabilized Units (Add Lines 51a, 51b and 51c.) (51d) \$ \_\_\_\_\_
- 52. Total Operating Expenses Allocated to Rent Stabilized Units (52) \$ \_\_\_\_\_  
(Multiply entry on RTP-45D Line 17 by entry on Line 50 above.)
- 53. Divide the entry on Line 52 by the entry on Line 51d. If Line 53 is less than or equal to (0.95) 95%, you do not qualify for an Alternative Hardship Rent Increase. **Stop.** If Line 53 is greater than (0.95) 95%, go to Line 54. (53) \_\_\_\_\_
- 54. Maximum Allowable Rent Stabilized Income (54) \$ \_\_\_\_\_  
Divide Line 52 by (0.95) 95%.
- 55. Subtract Line 51d from Line 54 and enter amount of the difference. You may qualify for an Alternative Hardship Rent Increase. (55) \$ \_\_\_\_\_

\*\* See Instructions on Page 4 for information on adjusting these figures.



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**RTP-45G**

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Docket No.: \_\_\_\_\_ Building ID. No.: \_\_\_\_\_

**Owner's or Managing Agent's Statement of Affirmation  
 To Application for Alternative Hardship Rent Increase**

I have read the application and affirm that the contents of this and all supplements are true of my own knowledge.

Dated: \_\_\_\_\_, 20 \_\_\_\_\_

Signed: \_\_\_\_\_

(Name)

\_\_\_\_\_  
 (Print Name of Building Owner)

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Print Title)

It is not necessary that the foregoing be sworn to, but false statements may subject you to the penalties provided by Article 175 of the Penal Law.

**Important Notice To Owner or Managing Agent**

This application is made under the Emergency Tenant Protection Act and/or the Rent Stabilization Law as amended by Chapter 403 of the Laws of 1983.

The maximum amount of hardship increase to which an owner is entitled is the difference between the Threshold Income and the Annual Gross Rent Income Collectible for the Test Year. In buildings that contain apartments subject to the State or City Rent Control Law, adjustments for both income and expenses are made by the owner to calculate the pro rata share for those apartments. The collection of any increase in the rent for any housing accommodation under the Regulations cannot exceed six percent (6%) of the legal regulated rent in effect at the time of the filing of the application. Any amount over six percent (6%) is spread forward in similar increments and added to the rent as established or set in future years.

The Division may deny an owner an increase if the owner does not maintain all essential services as required by law, or if there are violations of record of any municipal, county, state, or federal law relating to the maintenance of such services. Increases are conditional and may be revoked if the owner fails to maintain services during the period for which the increase is granted.