



STATE OF NEW YORK
**DIVISION OF HOUSING AND
COMMUNITY RENEWAL**
92-31 UNION HALL STREET
JAMAICA, NEW YORK 11433
Web Site: www.nyshcr.org

Rent Overcharge Application - Information

Attached is RA-89 "Tenant's Complaint of Rent and/or Other Specific Overcharges in Rent Stabilized Apartments". Please note that you are **REQUIRED** to submit **all documentation** in support of your claim or rental overcharge at the time you submit this complaint. Please note that:

- all of the requested information/documentation is needed to process your complaint.
- the information requested in this form is essential to accurately calculate your rent. Submitting as much information as possible with your application will aid in reducing the time required to process your complaint.

See Fact Sheet #26, "Guide to Rent Increase for Rent Stabilized Apartments in New York City," which summarizes the provisions governing lawful rent increases.

Before you file this complaint:

- Call our InfoLine (718-739-6400) to request a computer printout of the Registration History for your apartment. This will show the rent for your apartment as registered by the building owner within the past four years. While this printout **does not** represent a determination of the lawful rent for your apartment, reviewing it in conjunction with Fact Sheet #26 should provide you with valuable information about how your rent was computed by your building owner.
- If you still have questions, you may discuss them with your building owner.
- If you still feel you need to file a complaint, gather all documentation in support of your claim. This includes cancelled checks, leases, previous DHCR orders, rent receipts, signed consents for individual apartment improvements and court decisions. Only documentation which relates to the subject apartment is needed.
- Complete all sections of the complaint, and make copies of all your documentation. **Submit two copies of the complaint and documentation to DHCR** and keep one copy for yourself. An incomplete complaint will be returned to you.

Once your complaint is docketed, you will receive an acknowledgment in the mail.

Page Intentionally Left Blank



**Tenant's Complaint of Rent and/or Other Specific Overcharges
 in Rent Stabilized Apartments**

Type or print in ink all information requested (write in the box)

1. Tenant's Last Name _____ **First Name** _____ **Middle Initial** _____

2. Current Mailing Address (Include Street Number and Name) _____ **Apartment No.** _____

3. City (Borough or Town) _____ **State** _____ **Zip Code** _____

4. Subject Building Address and Apartment Number (If different from the above.) _____

5. Telephone Number (Home) _____ (Day time) _____

The information requested is necessary to process your complaint. Your complaint may not be accepted if information is missing.

6. I am a: prime tenant sub-tenant hotel/SRO tenant roommate: (Complete (a) and (b) below)

(a) I have SCRIE or DRIE. Yes No

(b) Section 8 Program: None U.S. Dept. of Housing & Urban Development N.Y.C. Housing Authority
 Housing Choice Voucher N.Y.C. Dept. of Housing & Preservation Development

If applicable, enter Certificate/Voucher Number: _____

7. I live in a co-operative apartment. Yes No

8. Number of rental units in the building: less than six six or more 35 or less more than 35

9. I moved into the subject apartment on ____/____/____ (Complete (a) or (b) below)

(a) with a written lease of ____ years, commencing on ____/____/____ and expiring on ____/____/____
 at an initial rent of \$ _____ per month.

(b) without a written lease at an initial rent of \$ _____ per month.

10. My current rent is \$ _____ **per month.**

11. Electricity is is not included in my rent.

If you pay your rent to a **Prime Tenant** or any person other than the owner, complete Section 13.

12. Mailing Address of Owner/Agent:

Name: _____

Number/Street: _____

Apt. No.: _____

City, State, _____

Zip Code: _____

Telephone Number: () _____

13. Mailing Address of Prime Tenant:

Name: _____

Number/Street: _____

City, State, _____

Zip Code: _____

Telephone Number: () _____

14. I am complaining about Rent Overcharges arising from the following item(s): (Check all that apply)

Major Capital Improvement (MCI) Increase(s)

Individual Apartment Improvements (IAI)

Rent Reduction Order(s)

Apartment Registration

Others: _____

15. I believe I am being overcharged because: (What are the rental events occurring in the last four years which you believe caused the alleged overcharge? Please list below and submit proof to support your claims).

16. Security Deposits: I am being charged \$ _____ as a security deposit, which is more than one month's rent.

A security deposit of \$ _____ was paid to the owner/agent on ____/____/____.

(a) If you vacated the subject apartment did you use your security deposit to pay part of the rent?

Yes No

17. Have you filed any other complaint(s) with DHCR?

Yes No, If "yes," list Docket Number(s): _____

(a) Has the complaint in this application been raised in Court? Yes No

If :yes:, it is pending, Index No. _____

or a decision has been made, (attach a copy of the decision).

18. Rental History: List your leases for the last four years or from the date of your occupancy, if less than four years. Start with the current lease. *Information other than for the dates requested will not be considered.*

| No | Lease Period(s) From - To | Lease Amount | Additional Security Deposit Charged, Yes or No, If Yes, Write Amount Below |
|----|------------------------------|--------------|---|
| 1 | | \$ | |
| 2 | | \$ | |
| 3 | | \$ | |
| 4 | | \$ | |
| 5 | | \$ | |

19. Rental Payments: Last four years or from the date of your occupancy (whichever is less)

| Month & Year | Current Year _____ | Last Year _____ | 2 Years Prior _____ | 3 Years Prior _____ | 4 Years Prior _____ |
|--------------|-----------------------|--------------------|------------------------|------------------------|------------------------|
| January | \$ | \$ | \$ | \$ | \$ |
| February | \$ | \$ | \$ | \$ | \$ |
| March | \$ | \$ | \$ | \$ | \$ |
| April | \$ | \$ | \$ | \$ | \$ |
| May | \$ | \$ | \$ | \$ | \$ |
| June | \$ | \$ | \$ | \$ | \$ |
| July | \$ | \$ | \$ | \$ | \$ |
| August | \$ | \$ | \$ | \$ | \$ |
| September | \$ | \$ | \$ | \$ | \$ |
| October | \$ | \$ | \$ | \$ | \$ |
| November | \$ | \$ | \$ | \$ | \$ |
| December | \$ | \$ | \$ | \$ | \$ |

20. Major Capital Improvement (MCI) Rent Increase(s): (If none known, state "None Known")

| No | Docket Number(s) | Permanent Increase Per Month | Owner Started Collection On | Temporary Increase Per Month | Owner Started Collection On |
|----|------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|
| 1 | | \$ | | \$ | |
| 2 | | \$ | | \$ | |
| 3 | | \$ | | \$ | |
| 4 | | \$ | | \$ | |

21. Individual Apartment Improvement (IAI) Rent Increase(s): (If IAI was before your occupancy and you do not have this information state "Not Known". If IAI was during your occupancy, you must enter all information).

| No | Item(s) | Date of Improvement | Before or During* your occupancy? | Amount Charged |
|----|---------|---------------------|--------------------------------------|----------------|
| 1 | | | | \$ |
| 2 | | | | \$ |
| 3 | | | | \$ |
| 4 | | | | \$ |

*If the improvements were made during your occupancy, did you sign a written consent? Yes No

22. Rent Reduction and Restoration Orders

| Docket Number(s) | Did you pay a reduced rent? Yes or No | If yes, when did you begin paying the reduced rent? (month/year) | What was the amount of rent you paid? | If the owner gave you a refund, what was the amount? | Was the rent restored to the full amount? Yes or No | If "yes", when did you begin paying the full amount? (month/year) |
|------------------|--|---|---------------------------------------|--|--|--|
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |

23. (Optional) Additional Comments or Other Rent Increases (Occurring within the last four years) Not Listed Above: (Attach additional sheets if necessary for this information. Specific dates and documentation must be provided.)

24. Carefully review the list below and indicate which documents you are attaching for review to substantiate your calculations and which documents you are not attaching. If not fully completed, this form may be returned to you.

| EVIDENCE: | ATTACHED | NOT ATTACHED |
|---|--------------------------|--------------------------|
| Leases (see Item 18) | <input type="checkbox"/> | <input type="checkbox"/> |
| Rent Receipts | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancelled Checks (front & back) | <input type="checkbox"/> | <input type="checkbox"/> |
| Court/DHCR Orders | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of rent paid before Base Date (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES: _____

Tenant's Affirmation

I affirm that the above statements are true and correct to the best of my knowledge and belief, that the attached documents are true copies of the originals, and that any documents not attached are not within my possession to provide, or are not relevant to these proceedings.

Date

Signature of Tenant

This form must be mailed or delivered to the Division of Housing and Community Renewal (DHCR) office listed below.

**DHCR, Gertz Plaza
92-31 Union Hall St., 6th Floor
Jamaica, New York 11433**

**Do Not Write in Space Below.
For DHCR Use Only.**

Date complaint received: _____

Tenant's Submissions:

- Leases Rent Receipts Cancelled Checks DHCR Order(s)
 Additional Sheet(s) Other: _____

Comments: