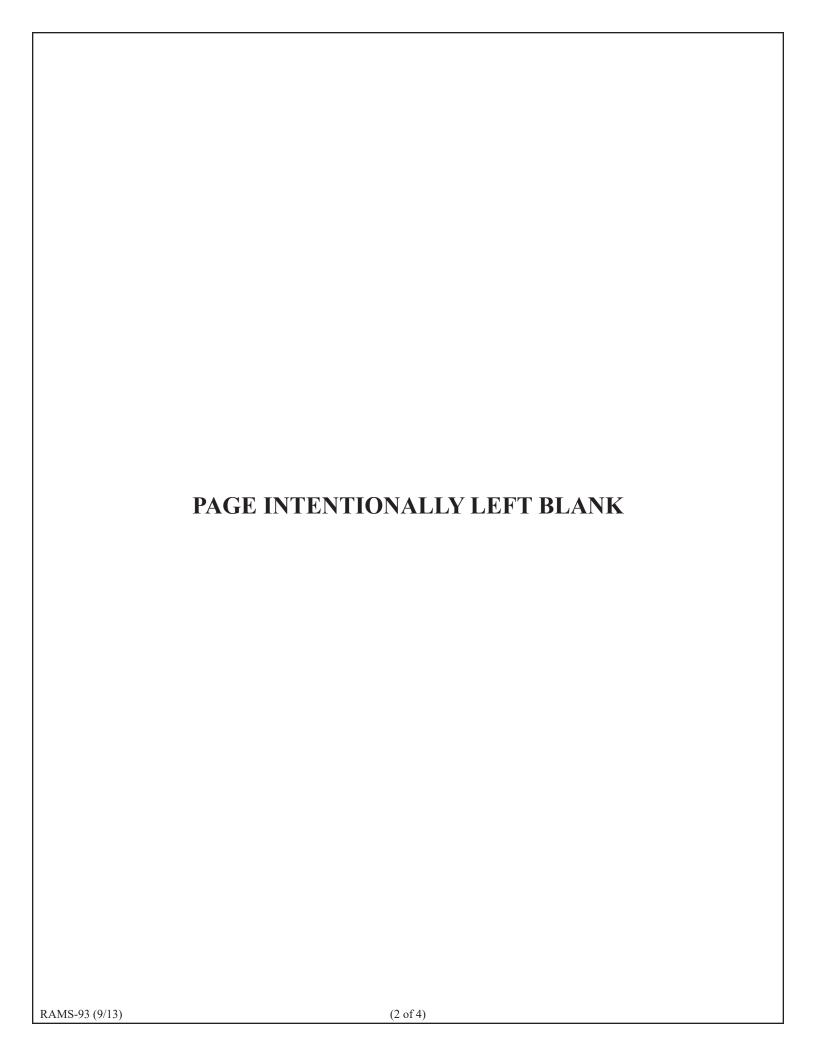


## State of New York **Division of Housing and Community Renewal**

Office of Rent Administration Web Site: www.hcr.ny.gov Gertz Plaza 92-31 Union Hall Street Jamaica, NY 11433 FOR AGENCY USE ONLY **Docket Number:** 

## OWNER'S APPLICATION FOR MODIFICATION OF SERVICES

MAILING ADDRESS OF TENANT:	MAILING ADDRESS OF OWNER/AGENT:
Name:	Name:
Number/Street:	Apt. No.: Number/Street:
City	City
State, Zip Code:	
	Telephone Number:
SUBJECT BUILDING: (If different from ter	nt's mailing address):
Number and Street	Apartment Number City, State, Zip Code
If multiple tenants will be affected by the propo must be submitted for <b>each</b> affected rent regular with a complete schedule attached listing the na Supplement 1).	application and accompanying documents, if any, must be filed with this Division. d modification, additional copies of the application (including attachments) apartment. In such case, the original shall be in the form of a master application es of the tenants, the apartment numbers, and the apartment status (see attached master application to serve on the tenants - it is not necessary to personalize each
Please respond to the following, attach additi	al sheets if necessary.
Building(s) Registration No.: To	al No. of Apts Total No. of Rent Regulated Apts
Describe in detail the existing service(s) you installed and/or provided.	ropose modifying; give date such services, equipment or facility was originally
2. Describe in detail the proposed modification	nd state the facts and/or reason you believe justify your request.
Affirmation Of Owner: I have read the foregoing application and I affirm It is not necessary that the foregoing application	that the contents are true of my own knowledge.  e sworn to but false statements may subject you to the penalties provided by law.
	(Signature of Owner or Authorized Representative)
	Dated:
RAMS-93 (9/13)	(1 of 4)



## **SUPPLEMENT 1 - Apartment Status**

Instructions:	Identify Rent Controlled, Rent Stabilized, Cooperatives/Condominium, Deregul	lated, and Exempt apartments by placing
"RC", "RS",	"C", "D", or "E" in the "Apt. Status" column.	

Name of Owner/Agent:

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Addresss of Subject Building:				
Unit Identification (1)	Tenant Name/ Other Identifying Information (vacant, employee apt., etc) (2)	Apt. Status "RC" "RS" "C" "D" E"  (3)		
	Supplement 1 - Continuation Sheet			

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(3 of 4)

Unit Identification (1)	Tenant Name/ Other Identifying Information (vacant, employee apt., etc) (2)	Apt. Status "RC" "RS" "C" "D" E"  (3)

(4 of 4)

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