

## 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

Docket Number:

## For Rent Controlled Accommodations Only

Owner's Application for Air Conditioner Charges or For an Increase in Maximum Rent for Painting

Mailing Address of Tenant	t:	Mailing Address of Ow	vner/Agent:
Name:		Name:	
Number/Street:	Apt. No.:		
City:		City:	
		State, Zip Code:	
Subject Building:	Number and Street	Apartment Number	City, State, and Zip Code
required to apply for ar cure violation. Please	ructions: Where painting is not increase in rent for painting wheels the appropriate box and increases for new services/painting to the control of the contr	which is done to comply with enter the required information	h requirements of law, such as to on.
1/180th of the cost in b 35 apartments or less.	buildings containing more than Further, the recoverable costs of dollars that may be expended	35 apartments or 1/168th of incurred by the landlord sha	f the cost in buildings containing ll be limited to an aggregate
Owner's App	plication for Air Conditioner	Charges or for an Increas	e in Rent for Painting
The tenant's written coris is issued by the Office	nsent is not required for the fol of Rent Administration grantin	llowing items. No rent increase the increase.	ease may take effect until an order
mutual, voluntary,	Electrical Allowance: electricit written agreement, or by the t for electricity for (Attach a copy of Individual A	enant's having provided for	ne owner and tenant, by the installation, agree to a ner(s) installed in the housing nant's Informed Consent form if
update of		•	in the currently effective annual
Supplemental N	o.1 to Operational Bulletin 84	-4, is	\$
<b>b.</b> Number of air c	conditioners installed		
Amount of month	ly increase (multiply "a" by "b	")	\$
RN-79b (12/22)	(SEE I	REVERSE SIDE)	

three years.  a. Cost of the initial painting	\$\$
c. Monthly rent increase applied for (divide am	nount on line "a" by 168 or 180)\$
For one apartment only, please indicate the f	following:
Date tenant took occupancy//	
Affir	rmation of Owner:
	rmation of Owner:  ne truth of all statements which you have made in this application.)
(You must enter the date and sign below to affirm th	ne truth of all statements which you have made in this application.)  Signature of Owner, Officer or Agent
(You must enter the date and sign below to affirm th	Signature of Owner, Officer or Agent  Name (Print)
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(You must enter the date and sign below to affirm the date)  Date	Signature of Owner, Officer or Agent  Name (Print)
(You must enter the date and sign below to affirm the Date  Warning: False statements may	Signature of Owner, Officer or Agent  Name (Print)  Title  y subject you to the penalties provided by law.
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