



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

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

**Docket Number:**

**Owner's Application for Order Granting Approval to Refuse  
 Renewal of Lease and/or to Proceed for Eviction**

**Mailing Address of Tenant:** (Please print or type)

Name: \_\_\_\_\_

Number/Street: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

**Mailing Address of Owner/Agent:** (Please print or type)

Name: \_\_\_\_\_

Number/Street: \_\_\_\_\_

City/Municipality \_\_\_\_\_ City/Municipality

State, Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Number and Street

Apartment Number

City, State, Zip Code

1. Address of Housing Accommodations: \_\_\_\_\_  
 Number and Street Apartment Number City, State, Zip Code

2. The Legal Regulated or Maximum Rent is: \$ \_\_\_\_\_ per \_\_\_\_\_ .

3. The lease in effect is for the term from: \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.  
 Month Day Month Day

**Refusal to renew lease is based on:** (Check applicable boxes and give details as required on reverse side of this form.)

- 4.  Owner occupancy. (Does not apply to rent stabilized apartments in New York City.)
- 5.  Withdrawal from the rental market.
- 6.  Demolition.
- 7.  Other grounds. (Must be consistent with the applicable statute, regulation or code.)

Names of all tenants and adult members of household who may be evicted if application is granted:

| Name | Age<br>(if known) | Years in<br>Occupancy (if known) | Physical Impairment Preventing Substantial<br>Gainful Employment (if applicable) |
|------|-------------------|----------------------------------|--|
|      |                   |                                  |  |
|      |                   |                                  |  |
|      |                   |                                  |  |

If a hearing is deemed appropriate based on this application, the Division of Housing and Community Renewal (DHCR) will advise the owner and the tenant of the time and place. At such hearing the owner will be required to submit proof of ownership and such other documentary evidence necessary to support owner's application.

**Tenant: See Notice to Tenant on reverse side of this form**

(Attach any additional pages, if required, and any supporting proof.)

I have read the above and I affirm, under the penalties provided by law, that the contents are true of my own knowledge. It is not necessary that the above be sworn to, but false statements may subject you to the penalties provided by law.

Signature: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name and Title Date

### Notice to Tenant

**On the front side of this form is an application filed by the owner. This notice affords you the opportunity to respond to that application. Your response should be submitted, in duplicate, on the answer forms enclosed, within twenty (20) days, by delivery or mail to the New York State Division of Housing and Community Renewal Office listed at the top of the front side of this application.**