



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

Docket Number:

Supplemental Signature and Affirmation

This form is a supplement to the application for a rent reduction based upon decreased building-wide service(s).

Address of Housing Accommodation:

Number and

Street: _____ City: _____ Zip Code: _____

If you have Tenant Representatives, provide the information requested in this box:

Name	Address	Phone No.
		Bus. () Res. ()
		Bus. () Res. ()

If you are joining in this complaint, please sign and print your name in the space provided below and indicate your apartment number. You must also indicate the status of your apartment by checking the appropriate box in the right-hand column; either "RS" if your apartment is rent-stabilized, or "RC" if your apartment is rent-controlled. If you require more space, use the reverse of this form and additional forms as needed.

I have read the attached complaint, affirm the contents to be true of my own knowledge, sign my name, and join in the stated request for relief. I agree to be bound by the actions of the tenant representative(s) named on this form during these proceedings.

Name (Please print clearly)	Signature	Apt. No.	Status	
			RS	RC
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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