



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 Street  
 Jamaica, NY 11433  
 (718) 739-6400

FOR AGENCY USE ONLY  
**Docket Number:**

**OWNER'S APPLICATION FOR MODIFICATION OF SERVICES**

**MAILING ADDRESS OF TENANT:**

**MAILING ADDRESS OF OWNER/AGENT:**

Name: _____ Number/Street: _____ Apt. No.: _____ City _____ State, Zip Code: _____	Name: _____ Number/Street: _____ City _____ State, Zip Code: _____ Telephone Number: (     ) _____
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**SUBJECT BUILDING:** (If different from tenant's mailing address):

\_\_\_\_\_

Number and Street                                      Apartment Number                                      City, State, Zip Code

**Instructions:** An original and one copy of this application and accompanying documents, if any, must be filed with this Division. If multiple tenants will be affected by the proposed modification, additional copies of the application (including attachments) must be submitted for **each** affected rent regulated apartment. In such case, the original shall be in the form of a master application with a complete schedule attached listing the names of the tenants, the apartment numbers, and the apartment status (see attached Supplement 1).

**Note:** It will be sufficient to submit copies of the master application to serve on the tenants - it is not necessary to personalize each application with the tenant's name, apt no., etc.

**Please respond to the following, attach additional sheets if necessary.**

Building(s) Registration No.: \_\_\_\_\_ Total No. of Apts. \_\_\_\_\_ Total No. of Rent Regulated Apts. \_\_\_\_\_

- Describe in detail the existing service(s) you propose modifying; give date such services, equipment or facility was originally installed and/or provided.
  
  
  
  
  
  
  
  
  
  
- Describe in detail the proposed modification and state the facts and/or reason you believe justify your request.

**Affirmation Of Owner:**  
 I have read the foregoing application and I affirm that the contents are true of my own knowledge.

It is not necessary that the foregoing application be sworn to but false statements may subject you to the penalties provided by law.

\_\_\_\_\_  
 (Signature of Owner or Authorized Representative)

Dated: \_\_\_\_\_

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**SUPPLEMENT 1 - Apartment Status**

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

Name of Owner/Agent: \_\_\_\_\_

Address of Subject Building: \_\_\_\_\_

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

