



Rent Overcharge Application - Information

Attached is RA-89 "Tenant's Complaint of Rent and/or Other Specific Overcharges in a Rent Stabilized Apartment". Please note that you are **REQUIRED** to submit **all documentation** in support of your claim of rental overcharge at the time you submit this complaint. Please note that:

- all of the requested information/documentation is needed to process your complaint.
- the information requested is essential to accurately calculate your rent. Submitting as much information as possible with your application will aid in reducing the time required to process your complaint.

For fact sheets that summarize the provisions governing lawful rent increases, see Fact Sheet #26 for New York City; Fact Sheet #31 for Nassau County; Fact Sheet #31a for Rockland County and Fact Sheet #31b for Westchester County.

Before you file this complaint:

- Call our InfoLine (718-739-6400) to request a computer printout of the Registration History for your apartment. This will show the rent for your apartment as registered by the building owner within the past four years. While this printout **does not** represent a determination of the lawful rent for your apartment, reviewing it in conjunction with Fact Sheet #26 should provide you with valuable information about how your rent was computed by your building owner.
- If you still have questions, you may discuss them with your building owner.
- If you still feel you need to file a complaint, gather all documentation in support of your claim. This includes cancelled checks, leases, rent receipts, signed consents for individual apartment improvements and court decisions. Only documentation which relates to the subject apartment is needed.
- Complete all sections of the complaint, and make copies of all your documentation. **Submit two copies of the complaint and documentation to DHCR** and keep one copy for yourself. An incomplete complaint will be returned to you.

Once your complaint is docketed, you will receive an acknowledgment in the mail.

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**Tenant's Complaint of Rent and/or Other Specific Overcharges
 in a Rent Stabilized Apartment**

Type or print in ink all information requested (write in the box)

1. **Tenant's Last Name** **First Name** **Middle Initial**

2. **Current Mailing Address** (Include Street Number and Name) **Apartment No.**

3. **City** (Borough or Town) **State** **Zip Code**

4. **Subject Building Address and Apartment Number** (If different from the above.)

5. **Telephone Number** (Home) _____ (Day time) _____

The information requested is necessary to process your complaint. Your complaint may not be accepted if information is missing.

6. I am a: prime tenant sub-tenant hotel/SRO tenant roommate:

(a) I have SCRIE or DRIE Yes No

(b) Section 8 Program: None U.S. Dept. of Housing & Urban Development N.Y.C Housing Authority
 Housing Choice Voucher N.Y.C. Dept. of Housing and Preservation Development

7. I live in a co-operative apartment. Yes No

8. I moved into the subject apartment on ____/____/____ (Complete (a) or (b) below)

(a) with a written lease of ____ years, commencing on ____/____/____ and expiring on ____/____/____
 at an initial rent of \$_____ per month.

(b) without a written lease at an initial rent of \$_____ per month.

9. My current rent is \$_____ per month.

10. Electricity is is not included in my rent.

If you pay your rent to a **Prime Tenant** or any person other than the owner, complete Section 12.

11. Mailing Address of Owner/Agent:

Name: _____

Number/Street: _____
Apt. No.: _____

City, State,
Zip Code: _____

Telephone Number: () _____

12. Mailing Address of Prime Tenant:

Name: _____

Number/Street: _____
Apt. No.: _____

City, State,
Zip Code: _____

Telephone Number: () _____

13. I am complaining about Rent Overcharges from ____/____/____ to ____/____/____ arising from the following item(s): (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Major Capital Improvement (MCI) Increase(s) | <input type="checkbox"/> Parking Charges |
| <input type="checkbox"/> Individual Apartment Improvements (IAI) | <input type="checkbox"/> Illegal Fees and/or Surcharges (please specify below in Section 14) |
| <input type="checkbox"/> Rent Reduction Order(s) | <input type="checkbox"/> Security Deposits (please specify below in Section 15) |
| <input type="checkbox"/> Missing Apartment Registrations | |

14. Additional Information: (what are the rental events which you believe caused the alleged overcharge within the last four years? Please list below and submit proof to support your claims).

15. Security Deposits: I am being charged \$ _____ as a security deposit, which is more than one month's rent.

A security deposit of \$ _____ was paid to the owner/agent on ____/____/____.

(a) If you vacated the subject apartment did you use your security deposit to pay part of the rent?

- Yes No

16. Has the complaint in this application been raised in Court? Yes No

If yes: it is pending, Index No. _____

OR

A decision has been made, (ATTACH A COPY OF THE DECISION)

17. Rental History: List your leases for the last four years or from the initial date of your occupancy if you were in occupancy for less than four years. Start with the current lease. **PLEASE ATTACH COPIES**

| No | Lease Period(s) From - To | Lease Amount | Additional Security Deposit Charged, Yes or No, If Yes, Write Amount Below |
|----|------------------------------|--------------|---|
| 1 | | \$ | |
| 2 | | \$ | |
| 3 | | \$ | |
| 4 | | \$ | |
| 5 | | \$ | |

18. Rental Payments: Last four years or from the date of your initial occupancy (whichever is less). **PLEASE ATTACH PROOF OF PAYMENTS: cancelled checks, money orders and rent receipts.**

| Month & Year | Current Year _____ | Last Year _____ | 2 Years Prior _____ | 3 Years Prior _____ | 4 Years Prior _____ |
|--------------|-----------------------|--------------------|------------------------|------------------------|------------------------|
| January | \$ | \$ | \$ | \$ | \$ |
| February | \$ | \$ | \$ | \$ | \$ |
| March | \$ | \$ | \$ | \$ | \$ |
| April | \$ | \$ | \$ | \$ | \$ |
| May | \$ | \$ | \$ | \$ | \$ |
| June | \$ | \$ | \$ | \$ | \$ |
| July | \$ | \$ | \$ | \$ | \$ |
| August | \$ | \$ | \$ | \$ | \$ |
| September | \$ | \$ | \$ | \$ | \$ |
| October | \$ | \$ | \$ | \$ | \$ |
| November | \$ | \$ | \$ | \$ | \$ |
| December | \$ | \$ | \$ | \$ | \$ |

19. Carefully review the list below and indicate which documents you are attaching for review to substantiate your calculations. If not fully completed, this form may be returned to you.

EVIDENCE ATTACHED:

- Court Order (see Item 16)
- Leases (see Item 17)
- Rent Receipts (see Item 18)
- Cancelled Checks, front & back (see Item 18)
- Money Order Receipts, Rent Receipts (see Item 18)

Tenant's Affirmation

I affirm that the above statements are true and correct to the best of my knowledge and belief, that the attached documents are true copies of the originals, and that any documents not attached are not within my possession to provide, or are not relevant to these proceedings.

Date

Signature of Tenant

This form must be mailed or delivered to the Division of Housing and Community Renewal (DHCR) office listed below.

**DHCR, Gertz Plaza
92-31 Union Hall St., 6th Floor
Jamaica, New York 11433**

**Do Not Write in Space Below.
For DHCR Use Only.**

Date complaint received: _____

Tenant's Submissions:

Leases Rent Receipts Cancelled Checks Money Order Receipts DHCR Order(s)

Additional Sheet(s) Other: _____

Comments: