



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

Docket Number:

**Tenant's Complaint of Rent and/or Other Specific Overcharges
 in Rent Controlled Apartments**

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.** _____ **Floor 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 the information is missing.

6. I am a: prime tenant sub-tenant hotel/SRO tenant roommate: (Complete (a) and (b) below)
 (a) I have SCRIE or DRIE Yes No
 (b) I have 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. Mailing Address of Owner/Agent:

Name: _____

Number/Street: _____

City, State,

Zip Code: _____

Telephone Number: _____

8. I live in a co-operative or condominium apartment. Yes No

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

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

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

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

11. Electricity is is not included in my rent.

12. Please indicate the number of windows in your apartment: _____

13. Please indicate the number of rooms in your apartment: _____

14. Individual Apartment Improvement Rent Increase(s):

No	Item(s)	Amount Charged	Did you sign a written consent? Yes or No	Owner Started Collection On
1				
2				
3				
4				

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

- Major Capital Improvement (MCI) Increase(s)
- Illegal Fees & Surcharges
- Individual Apartment Improvements
- Rent Reduction Order(s)
- Failure to serve latest RN-26
- Succession
- Improper calculation of latest Maximum Base Rent (MBR)
- Others: _____

16. 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).

Tenant's Affirmation

I have read all the statements and I affirm that my statements are true and correct to the best of my knowledge and belief. False statements may subject me to the penalties provided by law.

_____ Date

_____ Signature of Tenant

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

Date complaint received: _____

Tenant's Submissions:

Leases Rent Receipts Canceled Checks DHCR Order(s)

Additional Sheet(s) Other: _____

Comments: