

Subject Apartment Status:

Please select only one:

- Occupied Rent Controlled Apartment
- Occupied Rent Stabilized Apartment

Improvement	Building Size	IAI Cost Total	IAI Monthly Rent Increase	Effective Date
<i>Example: Refrigerator</i>	<i>Example: 34 apartments</i>	<i>Example: \$840.00 including installation</i>	<i>Example: \$5.00</i>	<i>Example: 5/1/2020</i>
X	X	X	X	X
X	X	X	X	X
X	X	X	X	X

Mailing Address of Owner/Owner's Representative:

Name: _____ X
 (Please Print)

Number &
 Street Address: _____ X

City, State
 & Zip Code: _____ X

SUBJECT APARTMENT:

Building ID: _____ X

Tenant Name: _____ X
 (Please Print)

Number &
 Street Address: _____ X

Apt. #: _____ X

City, State
 & Zip Code: _____ X

X
 Signature of Owner/Owner's Representative

Tenant's Statement of Consent

I have read this notice and agree to the increase in rent specified in this notice, based on the increased services or facilities provided to me.

X
 Signature of Tenant