



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

**Docket Number:**  
**For Office Use Only**

**Failure To Provide Heat And/Or Hot Water - Tenant Application For Rent Reduction**

In New York City, the Housing Maintenance Code requires that heat must be provided from **October 1 through May 31 as follows:**

6 A.M. to 10 P.M.:

When the outside temperature is below 55 degrees Fahrenheit, the inside temperature must be at least 68 degrees Fahrenheit.

10 P.M. to 6 A.M.:

The inside temperature must be at least 62 degrees Fahrenheit.

**For information when heat must be provided outside New York City, please refer to Fact Sheet 15.**

**State Law requires that hot water** be provided 365 days per year, **24 hours a day** at a minimum of **120** degrees Fahrenheit at the tap. In New York City, if a tub or shower is equipped with an anti-scald valve that prevents the hot water temperature from exceeding **120** degrees Fahrenheit, the minimum hot water temperature for that tub or shower is **110** degrees Fahrenheit.

**TENANT INSTRUCTIONS:** Please note: You must attach a report from the appropriate city, municipal or county agency showing a finding of lack of heat and/or hot water. Type or clearly print all information requested. Be sure to date and sign the back of the application. Mail or deliver the original plus one copy of the signed application to the Division of Housing and Community Renewal (DHCR) address shown on the reverse side of this form. Keep one copy for your records.

**Part I - General Information**

**1. Mailing Address of Tenant:**

Name \_\_\_\_\_

Number/Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone No.: Bus. \_\_\_\_\_  
 Res. \_\_\_\_\_

**2. Mailing Address of Owner/Managing Agent:**

Name \_\_\_\_\_

Number/Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**3. Subject Building (if different from tenant's mailing address):**

Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

4. My apartment is:  Rent Stabilized  Rent Controlled  Hotel Stabilized  SRO (Single Room Occupancy)

Complete the following, if applicable:

A Co-op/Condo

Unit Owner/Proprietary Lessee: \_\_\_\_\_

Name of Cooperative Corp./Condo Assn.: \_\_\_\_\_

Managing Agent: \_\_\_\_\_

My building is managed by a 7-A Administrator.

Name of 7-A Administrator: \_\_\_\_\_

5. I moved into my apartment on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

6. I have SCRIE or DRIE.  Yes  No

7. Section 8 Program:  None  U.S. Dept. of Housing & Community Development  N.Y.C. Housing Authority  
 Housing Choice Voucher  N.Y. C. Dept. of Housing & Preservation Development

If applicable, enter Certificate/Voucher Number: \_\_\_\_\_

### Part II - Tenant's Statement of Complaint

8.  Report from the appropriate agency showing a finding of inadequate heat and/or hot water attached.

9. Check appropriate boxes to indicate services not provided.

Heat - Not Provided/Inadequate

Hot Water - Not Provided/Inadequate

10. Briefly describe the conditions which resulted in the attached violation(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Part III - Tenant's Affirmation

I have read the information on this application and I affirm that the contents to be true of my own knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant's Signature

Mail or deliver this form to the DHCR office listed below.

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