



**Application For A Rent Reduction
Based Upon Decreased Service(s) - Individual Apartment**

1. Mailing Address of Tenant:

Name: _____
Number/Street: _____ Apt. No.: _____
City, _____
State, Zip Code: _____
Telephone No.: Bus. _____
Res. _____

2. Mailing Address of Owner:

Name: _____
Number/Street: _____
City, _____
State, Zip Code: _____
Telephone No.: _____

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

Number and Street

Apartment Number

City, State, Zip Code

Instructions To Tenant: Before filing this application, you should first notify the owner or agent **in writing** of all the service decreases in this application. **You should attach a copy of your letter** and proof of delivery to the owner or agent. If you do not send a letter to the owner or agent and attach a copy with proof of mailing, the owner/agent will be given additional time to respond to your complaint.

Use this form if you want to report a decrease in services in your individual apartment which you have not already reported to us. If you want to report a decrease in building-wide services, please use Form RA-84. To complain about a lack of heat or hot water, use Form HHW-1. Both forms are available at the Rent Office at Gertz Plaza or your District/Borough Rent Office.

Mail or deliver the original plus one copy of the signed form and one copy of all attachments, to the Rent Office listed on the reverse side of this form. Keep one copy for your records.

Part I - General Information

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

a. A Co-op/Condo (Complete the following):

Unit Owner/Proprietary Lessee: _____

Name of Cooperative Corp./Condo Assn.: _____

Managing Agent: _____

b. My building is managed by a 7a Administrator: _____
(Name of 7a Administrator)

2. I moved into my apartment on ____/____/____. 3. The total number of apartments in this building is: _____
Date

(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 & Preservation Development

If applicable, enter Certificate/Voucher Number: _____

4. The conditions noted in this application were brought to the attention of the owner or agent by letter on ____/____/____
Date

The letter was (check one): sent by regular mail; sent by certified mail; personally delivered. A copy of the letter and proof of mailing is attached to this application.

Important: You must submit proof of mailing or delivery (e.g. certificate of mailing, certified mail receipt, or signed receipt from owner/agent acknowledging personal delivery).

Part II - Description Of Decreased Service(s): Check the box next to the area where the condition (equipment or decreased service) exists. Describe in detail: (a) the condition which exists, or (b) the equipment or service which is not being maintained, and (c) the exact location (in the room) of the equipment, decreased service or condition which exists.

Example: Kitchen
There is a water leak under the sink in the kitchen.

Please be as specific as possible in order to ensure the timely processing of your application.

The owner has failed to provide or maintain services or equipment in my apartment and the following conditions exist:

Kitchen: _____

Bathroom: _____

Bedroom (Specify which bedroom if more than one): _____

Living Room: _____

Dining Room: _____

Hall Inside Apartment: _____

Other (Specify which room and the problem): _____

Part III - Tenant's Affirmation

I have read the information on this form, and I affirm the contents to be true to my own knowledge.

Date

Tenant's Signature

False statements may subject you to penalties provided by law.

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

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