



STATE OF NEW YORK
**DIVISION OF HOUSING AND
COMMUNITY RENEWAL**
92-31 UNION HALL STREET
JAMAICA, NEW YORK 11433
Web Site: www.hcr.ny.gov

Rent Overcharge Application - Information

Attached is form RA-89C "Tenant's Complaint of Rent and/or Other Specific Overcharges in Rent Controlled Apartments". 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.

Before you file this complaint:

- You may discuss questions relating to your rent with your building owner.
- If you believe that you need to file a complaint, gather all of the information in support of your claim. This may include previous Division of Housing and Community Renewal (DHCR) Orders, written consent 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 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.



**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).

17. 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).

18. Carefully review the list below and indicate which documents you are attaching for review to substantiate your calculations.

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)

19. **(Optional) Additional Comments or Other Rent Increases Not Listed Above:**

(Attach additional sheets if necessary for this information. Specific dates and documentation must be provided.)

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: