



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

1. Mailing Address of Tenant:

2. Mailing Address of Owner:

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

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**