



State of New York
Division of Housing and Community Renewal
Office of Rent Administration
Web Site: www.dhcr.state.ny.us

Docket Number:

**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 must first notify the owner or agent **in writing** of all the service decreases in this application. **You must attach a copy of your letter** and proof of mailing or delivery to the owner or agent. Your complaint will not be accepted for filing unless a copy of the letter and proof of mailing or delivery is attached. You must also complete Part I, Number 4 on this form.

Complaints may only be filed between 10 and 60 days after the letter is sent to the owner or agent. Prior written notice is **not** required for conditions requiring emergency repairs or vacancy due to fire. An example of a condition requiring an emergency repair is a lack of gas/water/electricity 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: _____

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.

This form must be mailed or delivered to the Division of Housing and Community Renewal (DHCR) office where the subject building is located. These offices are listed below:

New York City

**DHCR, Gertz Plaza
92-31 Union Hall St., 4th Floor
Jamaica, NY 11433**

Nassau

**DHCR
50 Clinton Street, 6th Floor
Hempstead, NY 11550**

Westchester/Rockland

**DHCR
75 S. Broadway, 2nd Floor
White Plains, NY 10601**