

New York State Division of Housing and Community Renewal Office of Rent Administration

Web Site: www.dhcr.state.ny.us

Docket Number: (For DHCR Use Only)

Owner's Application to Restore Rent

Mailing Address of Tenant:	Mailing Address of Owner/Agent:		
Name:	Name:		
Number/ Apt.	Number/		
Street: No. City,	Street: City,		
State, Zip:	State, Zip:		
Telephone	Telephone		
Number: ()	Number: ()		
Subject Building (if different from tenant's mailing address):			
Number and Street	Apartment Number City, State, Zip Code		
Instructions:			
documents must be signed in two (2) places, dated, and filed at the	r, one (1) original and one (1) copy of this application and supporting Division of Housing and Community Renewal (DHCR) office noted on e rent reduction order or order directing restoration of service.		
Building-Wide: Where more than one tenant is affected by the places, dated and filed with supporting documents at the DHCR of reduction order or order directing restoration of service, and the	the order, one (1) original (master) application must be signed in two (2) fice on the reverse side, together with a complete copy of the rent ne owner must also submit the following:		
 A copy of the application and supporting documents, inclu- Reduction Order, or Order Directing Restoration of Semailing address filled in; 	ding a copy of the order, for each apartment affected by the rvice, including vacant apartments, with each tenant's name and		
2. The list of all affected apartments, from the Rent Reduction	n Order or Order Directing Restoration of Services; and		
3. A 4" by 1" self-sticking mailing label, un-affixed, addresse	d to each affected apartment.		
Applications must be filed for all apartments affected by an Order	·		
Note: Applications will be rejected if they are not completed a	and filed correctly.		
Building Status (check one): Condominium	Cooperative Not Applicable		
Date of most recent registration of subject apartment/building with DHCR:			
Multiple Dwelling Registration or ETPA Number:			
Docket Number of order reducing rent and/or directing restoration	of service:		
Number of tenants affected by the order:			
Have any other orders been issued denying or granting in part an o number? Yes No If "yes," list the docket numbers	wner's application to restore rent on the same underlying docket :		
Please check the applicable box below. Box A, B or C must be c	hecked:		
A. The owner has restored all services for which a rent reduced Number At	etion order was issued on/, under Order or Docket each a complete copy of the Order.		
	as issued directing restoration of services, under Order or Docket No rent reduction was given. Attach a complete copy of the		
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C.	C. The tenant has unreasonably refused to permit owner/agent to restore service which was the basis for a rent reduction order or an order directing restoration of service issued/, under Order or Docket Number Attach a complete copy of the order. Please give explanation on reverse side as to circumstances and attach required documentation as explained below:			
	The owner must submit copies of two letters to the tenant attempting to arrange access. Each of these letters must have been mailed at least eight (8) days prior to the date proposed for access, and must have been mailed by certified mail, return receipt requested.			
	If a "no access" inspection is scheduled by this Agency, the tenant, owner and/or his repair person(s) are required to be present and ready to begin repairs.			
Part I - Statement and Affirmation of Owner				
or used and	ns: Clearly describe the restored services, equipment or facilities, the date made or furnished, whether the equipment is new I the cost. Submit receipted bills or other evidence of the expenditure. A separate application must be filed for each tenant. ace is required, attach a separate sheet to this application.)			
Check box D, E, or F if applicable:				
D. The above named tenant of subject unit agrees and consents to same (PART III -Tenant's Statement of Consent must be signed).				
E.	E. For building-wide orders only: An affidavit of an independent licensed architect or engineer is included stating that the conditions that are the subject of the order referenced above do not exist. The affidavit is signed by the person investigating the condition(s) and indicates when the investigation was conducted and findings with respect to each condition. See Notice To Owners (RTP-19.1) for further information.			
F.	A Major Capital Improvement (MCI) application has been filed for the subject building and is pending under Docket Number			
	Affirmation			
The owner	must date and sign.			
I have read the above and I affirm under the penalties provided by law that the contents are true of my own knowledge.				
Date:	_/Signature of owner/agent:			
Part II - Owner's Certification				
The owner must complete and sign, unless box C was checked on the front of this application. If this building is owned by a corporation, this Certification must be signed by a principal.				
, certifies that (s)he is the				
	ive title: i.e., President; Individual Owner; Partner; etc.) of (Full name of owner of building, if a corporation)			
and also certifies that the owner is fully familiar with the physical condition of the property; that the owner is maintaining and will continue to maintain all services furnished or required to be furnished under DHCR's Rules and Regulations; and that this certification applies to all of the apartments and all of the building-wide services in this building.				
Date:	_// Signature of owner or principal:			
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Part III - Tenant's Statement of Consent				
I,, am the tenant of the housing accommodation involved . I have read the application and agree that services have been restored.				
Date:/ Signate	ture of tenant:			
It is not necessary that the above be sworn to, but false statements may subject you to the 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	Nassau	Westchester/Rockland		
DHCR, Gertz Plaza 92-31 Union Hall St., 4th Floor Jamaica, NY 11433	DHCR 50 Clinton Street, 6th Floor Hempstead, NY 11550	DHCR 75 S. Broadway, 2nd Floor White Plains, NY 10601		
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