



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

Rent Overcharge Application - Information

Attached is the new form RA-89 "Tenant's Complaint of Rent and/or Other Specific Overcharges in Rent Stabilized Apartments". Please note that you are required to submit **all documentation** in support of your claim or rental overcharge at the time you submit this complaint. Please note that

- all of the requested information/documentation is needed to process your complaint.
- the information requested in this form has always been requested by this agency to process your complaint. However, it is now being asked for at one time rather than in the several periodic requests previously used.
- because of this procedure and the new form, the time required to process your complaint will be shortened significantly.

See Fact Sheet #26, "Guide to Rent Increase for Rent Stabilized Apartments in New York City," which summarizes the provisions governing lawful rent increases.

Before you file this complaint:

- Call our InfoLine (718-739-6400) to request a computer printout of the Registration History for your apartment. This will show the rent for your apartment as registered by the building owner within the past four years. While this printout **does not** represent a determination of the lawful rent for your apartment, reviewing it in conjunction with Fact Sheet #26 will give you valuable information about how your rent was computed by your building owner.
- If you still have questions, you may discuss them with your building owner.
- If you still feel you need to file a complaint, gather all of the documentation in support of your claim. This may include cancelled checks, leases, previous DHCR orders, rent receipts, 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 Stabilized 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.** _____

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 will not be accepted if information is missing.

6. I informed my building owner managing agent about my complaint on ____/____/____
 by letter (attach copy) phone in person

7. I am a prime tenant sub-tenant hotel/SRO tenant

8. I live in a co-operative apartment. Yes No

9. Number of rental units in the building: six or more less than six

10. I moved into the subject apartment on ____/____/____ (Complete (a) or (b) below)
 (a) with a written lease of _____ years, commencing on ____/____/____ and expiring on ____/____/____
 at an initial rent of \$_____ per month.

(b) without a written lease at an initial rent of \$_____ per month.

11. My current rent is \$_____ per month.

12. Electricity is is not included in my rent.

If you pay your rent to a **Prime Tenant** or any person other than the owner, complete Section 14.

13. Mailing Address of Owner/Agent:

Name: _____

Number/Street: _____

Apt. No.: _____

City, State, _____

Zip Code: _____

Telephone Number: () _____

14. Mailing Address of Prime Tenant:

Name: _____

Number/Street: _____

City, State, _____

Zip Code: _____

Telephone Number: () _____

15. I am complaining about Rent Overcharges arising from the following item(s): (Check all that apply)

Major Capital Improvement (MCI) Increase(s)

Individual Apartment Improvements (IAI)

Rent Reduction Order(s)

Apartment Registration

Others: _____

16. I believe I am being overcharged because: (What are the rental events occurring in the last four years which you believe caused the alleged overcharge? Please list below and submit proof to support your claims).

17. Security Deposits: I am being charged \$ _____ as a security deposit, which is more than one month's rent.

A security deposit of \$ _____ was paid to the owner/agent on ____/____/____.

(a) If you vacated the subject apartment did you use your security deposit to pay part of the rent?

Yes No

18. Have you filed any other complaint(s) with DHCR?

Yes No, If "yes," list Docket Number(s): _____

(a) 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).

19. Rental History: List your leases for the last four years or from the date of your occupancy, if less than four years. Start with the current lease. *Information other than for the dates requested will not be considered.*

No	Lease Period(s) From - To	Lease Amount	Additional Security Deposit Charged, Yes or No, If Yes, Write Amount Below
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	

20. Rental Payments: Last four years or from the date of your occupancy (whichever is less)

Month & Year	Current Year _____	Last Year _____	2 Years Prior _____	3 Years Prior _____	4 Years Prior _____
January	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$
October	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$

21. Major Capital Improvement (MCI) Rent Increase(s): (If none known, state "None Known")

No	Docket Number(s)	Permanent Increase Per Month	Owner Started Collection On	Temporary Increase Per Month	Owner Started Collection On
1		\$		\$	
2		\$		\$	
3		\$		\$	
4		\$		\$	

22. Individual Apartment Improvement (IAI) Rent Increase(s): (If IAI was before your occupancy and you do not have this information state "Not Known". If IAI was during your occupancy, you must enter all information).

No	Item(s)	Date of Improvement	Before or During* your occupancy?	Amount Charged
1				\$
2				\$
3				\$
4				\$

*If the improvements were made during your occupancy, did you sign a written consent? Yes No

23. Rent Reduction and Restoration Orders (Only those issued within the last four years):

Docket Number(s)	Did you pay a reduced rent? Yes or No	If yes, when did you begin paying the reduced rent? (month/year)	What was the amount of rent you paid?	If the owner gave you a refund, what was the amount?	Was the rent restored to the full amount? Yes or No	If "yes", when did you begin paying the full amount? (month/year)
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

24. (Optional) Additional Comments or Other Rent Increases (Occurring within the last four years) Not Listed Above: (Attach additional sheets if necessary for this information. Specific dates and documentation must be provided.)

25. Providing the following evidence will make processing quicker and more accurate. Please indicate which of the following documents are attached.

- Leases
 Rent Receipts
 Canceled Checks
 DHCR Order(s)
- Additional Sheet(s)
 Other: _____

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

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, New York 11433**

Nassau

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

Westchester/Rockland

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

**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: