



**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) _____

6. Mailing Address of Owner/Agent:

Name: _____

Number/Street: _____

City, State, _____

Zip Code: _____

Telephone Number: _____

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

8. Is the building a co-operative or condominium? 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. **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

Rent Reduction Order(s)

Failure to serve latest RN-26

Improper calculation of latest Maximum Base Rent (MBR)

Succession

Others: _____

15. **I believe I am being overcharged because:** Please list below and submit proof to support your claim(s).

16. **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

17. **Within the last two years have you filed any other overcharge complaint(s) with the Division of Housing and Community Renewal (DHCR)?**

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

18. 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 Payments: Last two years

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

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

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

21. 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		\$		

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:

