

ANNUAL OWNER / AGENT ADJUSTMENT FOR RENT CONTROLLED APARTMENTS

Mail to: NYC Department of Finance, 59 Maiden Lane, 22nd Floor, New York, NY 10038

Instructions: Use this form if you are an owner/agent with updated Fuel Cost (FCA) or Maximum Collectible Rent (MCR) or Maximum Base Rent (MBR) information for DRIE tenants. Please complete this form for each affected building and attach DHCR-approved increase documentation.

| 8 | SECTION I - APPLICANT INFORMATI | ON | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------|---------------------------|---------------------------|----|
| 1 | Owner / | | | | |
| ٠. | Agent: aCompany N | b | | | |
| | Company N | lame | Contact F | Person | |
| 2. | Contact Person Phone Number: () | | Extension: | | |
| | , | | | | |
| 2 | Contact Person Email Address: | | | | |
| ٥. | Contact i erson Eman Address. | | | | |
| | | | | | |
| 4. | Mailing Address: | STREE | T NAME | | |
| | | | | | |
| | CIT | <u> </u> | STATE | ZIP CODE | |
| | | | | | |
| 5. | Building Property Address: | STREET | T NIANAT | | |
| | NOMBER | STREE | INAME | | |
| | CIT | | STATE | ZIP CODE | |
| | Off | ' | SIAIL | ZII GODE | |
| 6. | Building Borough: Block: | | Lot: | | |
| | | | | | |
| 7. | DRIE ID Numbers: | | | | |
| | | | | | |
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| | Please attach additional sheet if needed. | | | | |
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| (5 | SECTION II - EXEMPTIBLE INCREAS | E | | | |
| In | ncreases for FCA, MCR and MBR must be | authorized by DHCR. Please spe | ecify which type of incre | ase(s) you are requesting | |
| fc | or the tenant(s) listed above. | | | | |
| | | | | | |
| 1. Reason for Adjustment (check all applicable boxes): | | | | | |
| | Fuel Cost Increase | Maximum Collectible Re | ent 🔲 Ma | ximum Base Rent | |
| (5 | SECTION III - CERTIFICATION | | | | |
| I certify that all information contained in this application is true and correct to the best of my knowledge and belief. I understand | | | | | |
| that willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making | | | | aw relevant to the making | |
| and filing of false instruments and will render this application null and void. | | | | | |
| | | | | | Si |
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| Si | ignature of Preparer (If other than owner / agen | nt) | Date | | |
| | | | | | |