

## **Instructions for IPN Tenants Completing DHCR Form RA-89 Tenant's Complaint of Rent and/or Other Specific Overcharges in Rent Stabilized Apartments**

Blank form available at: <http://www.nysdhcr.gov/Forms/Rent/ra89.pdf>

**These instructions are for tenants who moved into IPN before April 1, 2006 and wish to file a complaint as part of a group represented by IPNTA's counsel, Collins, Dobkin & Miller.**

**To have DHCR set your base rent you must file an overcharge complaint.**  
*Do not file a complaint if you filed one in 2008 or are a plaintiff in a lawsuit.*

Notes on the sample form are in red ink. Use blue or black ink to complete the form.

Once you complete the form and compile all documentation you will need to:

- 1 – Make two photocopies of your materials including completed form, leases and all supporting documentation (cancelled checks, rent receipts, etc.). You will keep one copy and submit the original and one copy to IPNTA for filing by Collins, Dobkin & Miller.
- 2 – Along with your packet of materials prepare a Tenant Information Form for Collins, Dobkin & Miller. Go to p. 9 of this document for a blank form. Submit one copy and save a copy for yourself.
- 3 – Deliver Completed Overcharge Complaint (DHCR Form RA-89), Supporting Documentation and Tenant Information Form to **IPNTA (310 Greenwich St. 2d flr Community Room, 6:30 – 8:30 PM, 10/19, 10/20 or 10/21)**. IPNTA will deliver all materials to Collins, Dobkin & Miller once steps below are completed.
- 4- Join the IPN Tenants Association. To participate in the group filing you must be a member. (Regular: \$25 per person per year/ Senior: \$15 per person per year)
- 5 – Sign retainer and solidarity agreements authorizing Collins, Dobkin & Miller to represent you for purposes of filing the DHCR Overcharge Complaint. Read the agreements at the end of this packet.
- 6 – Pay the recommended initial legal fund contribution and be prepared to pay more later if needed:

**At least** one month's rent if you moved in after June 2004

**At least** \$300 if you moved in before June 2004.

***You must contribute to be part of the group.*** Payment plans available. Reductions considered in cases of severe hardship.

## **Instructions for IPN Tenants Completing DHCR Rent Overcharge Form RA-89**

**For IPN tenants who moved in before April 1, 2006 and wish to file as part of a group  
represented by IPNTA Counsel - Collins, Dobkin & Miller.**

### **Page 1**

- Item 1 Before your last name write: IPN (so the agency knows you are part of the group)
- Items 2 - 3 Your current address. Be sure to include your apartment number.
- Item 4 Leave blank.
- Item 5 Include home and day time phone numbers.
- Item 6 Check "prime tenant"
- Item 7 Check "No"
- Item 8 Check "six or more."
- Item 9 Fill in the date you moved into IPN.  
(a) Indicate number of years of first lease, start date, end date and rent.  
(b) Leave blank
- Item 10 Current monthly rent
- Item 11 Check "is not"

### **Page 2**

- Items 12-13 Leave Blank
- Item 14 Check: "Apartment Registration" and "Others." Write in: Decision of Judge Friedman, 8/30/10
- Item 15 Write: See Attached letter from my attorney.  
Do not write this if you are not filing with the group.
- Item 16 Fill in current amount of your security deposit.
- Item 17 Check: "No." (If you have another DHCR complaint pending, you may need special individual representation. Contact IPNTA for further information.

### Page 3

- Item 18 For each lease in the last four years list, start and end dates and lease amount (indicate per month or lease total). Indicate any additional amount paid for security deposit for each lease. If no additional amount paid, indicate "none."
- Item 19 Beginning with the current month in the current year, fill in the amount paid for rent for each month going back a full four years. If the first month entered is September 2010, then the last month entered should be October 2006. If you are complaining about garage overcharge, make a separate blank copy of page 3 and complete item 19 for Garage Payments. Include your name and address on the extra page and insert the word "Garage" before "Rental Payments."
- Item 20 Write: none known.

### Page 4

- Item 21 Write: Not known.
- Item 22 Write: None.
- Item 23 Write: See attached letter from my attorney. Do not write this if you do not intend to file with the group represented by Seth Miller.
- Item 24 Attach as much documentation as possible. Check accordingly. If possible, include all: leases, rent receipts, and canceled checks for the four year period. Contact your bank for copies of cancelled checks. The more complete your records, the better; so you must pay the fees that your bank charges, if any. If you cannot locate all information, supply what you can find.

**Page 5** **You must date and sign your form. If you are choosing to file your complaint as part of the IPN group DO NOT mail or deliver your complaint to DHCR. Deliver it to IPNTA.**



State of New York  
Division of Housing and Community Renewal  
Office of Rent Administration  
Web Site: www.nysdhr.gov

Docket Number:

**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

IPN Your Last Name Your First Name

2. Current Mailing Address (Include Street Number and Name ) Apartment No.

address Apt. No.

3. City (Borough or Town) State Zip Code

NY NY 10013

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 may not be accepted if information is missing.*

6. I am a ☒ prime tenant ☐ sub-tenant ☐ hotel/SRO tenant

7. I live in a co-operative apartment. ☐ Yes ☒ No

8. Number of rental units in the building: ☒ six or more ☐ less than six

9. 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.

10. My current rent is \$ \_\_\_\_ per month.

11. 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.

**12. Mailing Address of Owner/Agent:**

Name: \_\_\_\_\_  
Number/Street: \_\_\_\_\_  
Apt. No.: \_\_\_\_\_  
City, State,  
Zip Code: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_

**13. Mailing Address of Prime Tenant:**

Name: \_\_\_\_\_  
Number/Street: \_\_\_\_\_  
City, State,  
Zip Code: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_

**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 (IAI)

☐ Rent Reduction Order(s)

☒ Apartment Registration

☒ Others: Decision of Judge Friedman 8/30/10.

**15. 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).

See attached letter from my attorney.

**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. 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).



**18. 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		\$	

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

Month & Year	Current Year <u>2010</u>	Last Year <u>2009</u>	2 Years Prior <u>2008</u>	3 Years Prior <u>2007</u>	4 Years Prior <u>2006</u>
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)	Permanent Increase Per Month	Owner Started Collection On	Temporary Increase Per Month	Owner Started Collection On
1	<u>none known</u>	\$		\$	
2		\$		\$	
3		\$		\$	
4		\$		\$	

**21. 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	Not Known.			\$
2				\$
3				\$
4				\$

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

**22. 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)
			\$	\$		
none			\$	\$		
			\$	\$		
			\$	\$		

**23. (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.)

See attached letter from  
my attorney.

**24. 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: \_\_\_\_\_

If you are complaining about  
an overcharge on garage rent  
make a copy of page 3 and  
complete item 19. Insert the word - Garage  
before "Rental Payments"

### 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.

*must be dated  
and signed*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant

This form must be mailed or delivered to the Division of Housing and Community Renewal (DHCR) office listed below.

DHCR, Gertz Plaza  
92-31 Union Hall St., 6th Floor  
Jamaica, New York 11433

**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:**



# IPNTA LEGAL FUND DRIVE

(please print clearly)

NAME(S) \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE(S): HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

Please see suggested donations at the bottom of this page.

Amt enclosed \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$300 \_\_\_\_\_ \$500 \_\_\_\_\_ Other \$ \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_

CC : MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

CC Number \_\_\_\_\_

Exp date \_\_\_\_\_

Signature \_\_\_\_\_

I pledge \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$300 \_\_\_\_\_ \$500 \_\_\_\_\_ Other \$ \_\_\_\_\_

toward the legal fund and authorize the IPNTA to deduct \$ \_\_\_\_\_ a month

from my credit card until the pledge is fulfilled.

\_\_\_\_\_  
(signature) 9/2010

We suggest free market tenants pledge a month's rent. We suggest LAP tenants contribute \$300.00, and voucher tenants contribute what they can, over time

***Tenant Information Form for Use by Collins, Dobkin & Miller***

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Address** \_\_\_\_\_ Apt No. ☐ 80 No Moore ☐ 40 Harrison ☐ 310 Greenwich

**Year** \_\_\_\_\_ moved into IPN \_\_\_\_\_ moved into this apartment

**June 2004 rent on this apartment, if you know it. . . . .** \$ \_\_\_\_\_

**Contact Information. Include all numbers and check the one that is the best for reaching you.**

☐ Home \_\_\_\_\_ ☐ E-mail 1 \_\_\_\_\_  
☐ Work \_\_\_\_\_ ☐ E-mail 2 \_\_\_\_\_  
☐ Cell \_\_\_\_\_

***Other household members.***

Adult Name \_\_\_\_\_ Phone \_\_\_\_\_  
Adult Name \_\_\_\_\_ Phone \_\_\_\_\_  
Adult Name \_\_\_\_\_ Phone \_\_\_\_\_  
Number of children \_\_\_\_\_

**Rooms in your apartment** ☐ Kitchen ☐ Living Room ☐ 1 Bathroom ☐ 2 bathrooms  
Bedrooms ☐ none (studio) ☐ one ☐ two ☐ three

**Landlord Supplied Appliances** ☐ Refrigerator ☐ Dishwasher ☐ Washer/Dryer ☐ Other \_\_\_\_\_

**Your rent status** ☐ Free Market - See below to describe improvements/renovations in your apartment.  
☐ Voucher Do you have an HPD complaint pending? ☐ Yes ☐ No  
☐ LAP Did you pay "arrears" in Jun/Jul 2004? ☐ Yes ☐ No  
If yes, date paid \_\_\_\_\_ Amount \$ \_\_\_\_\_

---

---

***Free Market Tenants Only - Apartment Improvements/Renovations - Check All That Apply***

- ☐ **Complete renovation** new walls, ceiling and floors; new doors on rooms and closets; new appliances, sinks, counter tops, cabinets, tub(s) and tile floors (kitchen and bathroom(s)).  
**Real estate agent and/or other landlord representative told me that**  
☐ Apartment was **completely renovated just before I moved in** **OR**  
☐ Apartment was completely renovated **recently, but not immediately before I moved in.**

If **other than "complete renovation"** check items below that appeared new when you moved in

**Overall** ☐ Floors ☐ Walls ☐ Ceilings ☐ Room Doors ☐ Closet Doors  
**Kitchen** ☐ Refrigerator ☐ Stove ☐ Dishwasher ☐ Microwave ☐ Washer/Dryer  
☐ Counters ☐ Cabinets ☐ Floors ☐ Other \_\_\_\_\_  
**Bathroom** ☐ Sink ☐ Vanity ☐ Tub ☐ Toilet ☐ Mirrored Cabinet ☐ Floor

☐ **Other** **Attach additional sheet. Include your name and address on the sheet.**