



Loft Board

280 Broadway, 5th Floor
New York, New York 10007
nyc.gov/loftboard

TEL: (212) 393-2616
FAX: (646) 500-6169

Answer to Rent Adjustment Application

FOR OFFICE USE ONLY

DOCKET #: _____

Respondent Information

NAME	
MAILING ADDRESS	
ADDRESS OF IMD	IMD#
ZIP CODE	DAYTIME PHONE NO.
EMAIL ADDRESS	

Respondent's interest in the above premise (please check one)

- Owner
 Net Lessee
 Managing Agent
 Residential Tenant
 Commercial Tenant
 Other (specify) _____

Basis of the Answer

Title 29 of the Rules of the City of New York (29 RCNY) §1-06(c) requires that an answer to an application contain facts and arguments relevant to the application. For a rent adjustment application, the facts and arguments include, but are not limited to, the scope of work performed, its necessity and reasonableness, the quality of the workmanship and the actual costs claimed by the owner. In the space provided on the following page, please specify the items in dispute and explain the reasons for the disagreement.



Answer

Use the space provided below to state all facts relevant to your application. Extra sheets of paper may be attached as necessary. All supporting documents (e.g., contractors' estimates, invoices, and/or architects' statements) **must** be attached to this answer form, or an explanation **must** be provided for not attaching the supporting documents.

I certify that all statements made in this answer and in the attached rider, if applicable, are true and correct except for those statements that I have stated to be based on information and belief, and as to those matters, I believe them to be true and correct.

Name (Print)

Relationship to Respondent (If same, write 'same')

Signature

Date



Certification of Service

(failure to complete this section requires rejection of the ANSWER)

On _____, I served a true copy of the ANSWER *(check all that apply)*
(date of service)

By mailing to owner (or owner's rep) in a stamped, sealed envelope, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the applicant(s) as indicated below.

By facsimile transmission to owner (or owner's rep) at last known fax/address as indicated below.

Name of person served with the ANSWER

Address of person served with the ANSWER (including floor or unit number)

City, State and Zip Code

Fax Number

Name (print)

Signature

Date

IT IS NOT NECESSARY THAT THE FOREGOING BE SWORN TO BUT FALSE STATEMENTS MAY SUBJECT YOU TO THE PENALTIES PROVIDED BY LAW, INCLUDING FINES AND/OR IMPRISONMENT.
