

FOR OFFICE USE ONLY

DOCKET #: _____

DO NOT USE THIS FORM TO FILE OR AMEND:

- Access Application
- Appeal of an Administrative Determination
- Code Compliance Rent Adjustment
- Extension Application
- Reconsideration Application
- Rent Guidelines Board Increase Request
- Timely Alternate Plans

Location Information

House No.(s) _____ Street Name _____

Borough _____ IMD No. _____

Applicant Information

<p>NAME: _____</p> <p>MAILING ADDRESS: _____</p> <p>UNIT: _____</p> <p>CITY, STATE: _____</p> <p>ZIP CODE: _____</p> <p>DAYTIME PHONE: () _____</p> <p>BUSINESS PHONE: () _____</p> <p>FAX NUMBER: () _____</p>	<p>APPLICANT IS:</p> <p><input type="checkbox"/> Owner</p> <p><input type="checkbox"/> Residential Tenant</p> <p><input type="checkbox"/> Commercial/Manufacturing Tenant</p> <p><input type="checkbox"/> Other (<i>specify</i>)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Nature of Applicant (*check one only*)

<input type="checkbox"/> Abandonment (LB)	<input type="checkbox"/> Legalization Timetable Violation (TN)
<input type="checkbox"/> Coverage Contest- Tenant (CC)	<input type="checkbox"/> Permission to File <i>LATE</i> Alternate Plan (TP)
<p>COVERAGE:</p> <p><input type="checkbox"/> Tenant Initiated (TR) <input type="checkbox"/> Landlord Initiated (LR)</p>	<p>RENT DISPUTE:</p> <p><input type="checkbox"/> Tenant Initiated (TA) <input type="checkbox"/> Landlord Initiated (LA)</p>
<p><input type="checkbox"/> Decoverage of Building (LN)</p> <p><input type="checkbox"/> Decoverage of Unit (LC)</p>	<p>SALES OF IMPROVEMENTS:</p> <p><input type="checkbox"/> Landlord Challenge (LF) <input type="checkbox"/> Tenant Challenge (TF)</p> <p><input type="checkbox"/> Prime/Sub Lessee Challenge (TC)</p>
<input type="checkbox"/> Final Rent Order/Removal from Loft Board (LE)	<input type="checkbox"/> Unreasonable Interference With Use (LI)
<input type="checkbox"/> Harassment (TH)	<input type="checkbox"/> Protected Occupancy Status (PO)
<input type="checkbox"/> HARASSMENT – Termination of Finding (LT)	<input type="checkbox"/> OTHER (<i>Specify</i>):
<input type="checkbox"/> DIMINISHED SERVICES (TM)	_____

Affected Parties

Depending on the type of application, affected parties may include: owners; tenants of record, including residential, commercial and manufacturing tenants; and all occupants of building in question if different from tenants of record. List **all** affected parties. If one party has multiple addresses, list each address separately and indicate type of affected party (e.g. owner, residential tenant, etc.).

See, Title 29 of the Rules of the City of New York §1-06 for more information.

	NAME	MAILING ADDRESS	TYPE OF AFFECTED PARTY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If there are more than ten (10) affected parties, attach a separate sheet listing each affected party's name, mailing address and type.

Basis for Application

Use the space provided below to state why you are amending your application. Include all relevant facts and arguments. Extra sheets of paper may be attached as necessary. All supporting documents should be attached to this form.

I verify or affirm that all statements made in this application are true and correct except for those statements which 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)

Signature

Relationship to Applicant (if same, write 'Same')

Date

**NOTE: One original and four copies of this application must be filed with the Loft Board.
False statements may subject you to the penalties provided by law, including fines and/or imprisonment.**