OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES STATE OF NEW YORK DEPARTMENT OF LAW

RENT SECURITY COMPLAINT FORM



Bureau of Consumer Frauds and Protection The Capitol Albany, NY 12224-0341 Phone: (518) 776-2307 Fax: (518) 915-7736 Consumer Hotline TDD (800) 788-9898 http://www.ag.ny.gov (800) 771-7755

The Attorney General investigates complaints that a landlord has failed to place security deposits in trust accounts or to pay interest on rent security deposits. We also try to assist tenants who complain that a landlord failed to return the rent security when the tenant moved out. If, however, the landlord refuses to return your security deposit because your landlord says that you failed to pay rent or damaged the apartment, you must generally go to Small Claims Court to resolve the dispute. Before forwarding this complaint to our office, you must attempt to resolve the matter with your landlord.

Please complete this form only if your attempt to resolve your complaint with the landlord has been unsuccessful. Each tenant should submit a separate complaint form. You may duplicate this form or obtain additional copies from our office.

Be sure to attach a copy (**NOT THE ORIGINAL**) of your lease, receipt or other evidence that you paid a security deposit and any other pertinent letters or documents.

PLEASE PRINT

1.	YOUR NAME:						
	ADDRESS (CURRE	ENT)					
	ADDRESS (CURRENT)Street No.				Apt. No.		
	Cir	ty	State		Zip Coo	le	
	TELEPHONE: HO	DME		BUSINESS			
	ADDRESS OF APARTMENT INVOLVED, IF DIFFERENT FROM CURRENT ADDRESS: Apt. No.						
	Street No.		City	State	Zip (Code	
2.	FORMER OR CUR						
	INVOLVED IN TH	IS COMPLAINT:					
	ADDRESS					TEL.:	
		Street No.	City	State	Zip Code		
3.	MANAGING AGEN	NT'S NAME:					
	ADDRESS:					TEL.:	
		Street No.	City	State	Zip Code		
4.	APPROXIMATE N	UMBER OF APARTME	NTS IN BUILDING:				
5.	YOUR COMPLAIN	T CONCERNS:					
	Landle	ord failed to return rent se ord failed to place security ord failed to pay interest o	deposits in trust account.				
6.	(a) AMOUNT	OF SECURITY DEPOSI	T AND DATE PAID: \$		Date:		
	(b) MOST RE	CENT MONTHLY REN	Г: \$				

 (b) DATE YOU MOVED OUT OF APARTMENT (if applicable): (c) TERM OF FIRST LEASE: to 				
(c) TERM OF FIRST I FASE:				
8. YOUR APARTMENT IS: Rent Controlled Rent Stabilized				
Date you complained to the landlord:				
Person contacted: By phone: Letter: In person: Other:				
Have there been any court proceedings regarding your rent security deposit? Yes No Has there been any other litigation concerning your apartment? If so, briefly summarize the issues.				

11. If the building has changed landlords during your residence, please list them in order, starting with first. Use your recollection or your own records (such as rent checks or receipts) to prepare the list. Feel free to add a page if more space is needed.

LANDLORD'S NAME, ADDRESS AND TELEPHONE NUMBER	PERIOD OF OWNERSHIP FROM TO	<u>MANAGING AGENT'S NAME,</u> <u>ADDRESS & TELEPHONE NUMBER</u>

12. Indicate the amount of interest, if any, you have received on your security deposit and the period involved.

SPACE FOR ADDITIONAL INFORMATION, ANSWERS OR COMMENTS:

IMPORTANT: In order to resolve your complaint, we may send a copy of this form to the parties you have named.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the landlord the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

TENANT'S SIGNATURE: