



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

Please review the enclosed Tenant Restitution Claim Notice to determine eligibility for payment and for instructions on how to complete and submit the Claim Form.

Tenant Restitution Claim Form

I. CLAIMANT'S CONTACT INFORMATION (please print)

Last Name	MI	First Name
Mailing Address (Street, Apt. No.)		
City	State	Zip Code
Telephone (day)	Telephone (evening)	Email

II. ADDRESS IN CROMAN BUILDING (IF DIFFERENT THAN CONTACT INFORMATION)

Street, Apartment No.		
City	State	Zip Code

If you lived in more than one Croman-owned building:

Street, Apartment No.		
City	State	Zip Code

III. INFORMATION ABOUT YOUR TENANCY

1. Have you resided in a rent-stabilized or rent-controlled apartment owned by Steven Croman, and lived in the apartment at some point between July 1, 2011 and December 20, 2017?

Yes No

2. Do you have a copy of your lease?

Yes No

3. Was your name on the lease?

Yes No

4. What dates were you/have you been living in a Croman building(s) (e.g., from January 1, 2012-January 1, 2015)? If you lived in more than one unit in a Croman building, specify the dates you resided in each unit.

5. Did you or any other tenant in your household receive a buyout from Steven Croman or his employees or agents?

Yes No

If "Yes," please answer questions 6 and 7.

6. When did you receive the buyout?

7. What was the amount of the buyout? (Please explain if any of the buyout included past rent, legal fees, or other monies owed.)

8. Has any other member of your household submitted a claim to the Croman Tenant Restitution Fund?

Yes

No

If we are unable to verify your tenancy, we may ask you to submit additional documentation. Please retain any lease agreements or other proof of tenancy (e.g., mail, utility bills) that you may have.

ALL TENANTS IN THE HOUSEHOLD MUST SIGN AND DATE THE ACKNOWLEDGMENT BELOW IN ORDER TO BE ELIGIBLE FOR PAYMENT. EACH TENANT SIGNING THE CLAIM FORM MUST ALSO SIGN AND COMPLETE THE ENCLOSED RELEASE OF CLAIMS FORM.

I declare under penalty of perjury under the laws of the State of New York that the foregoing is true and correct.

Signature: _____

Date: _____ / _____ / _____

Print Name: _____

Email: _____

Signature: _____

Date: _____ / _____ / _____

Print Name: _____

Email: _____

Signature: _____

Date: _____ / _____ / _____

Print Name: _____

Email: _____

Signature: _____

Date: _____ / _____ / _____

Print Name: _____

Email: _____