



New York State
Homes and Community Renewal
Office of Fair Housing and Equal Opportunity
 Website: www.nyshcr.org
 Email: OFHEO@nyshcr.org

Initial Marketing Report

Project Name:
Address:

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	Tenant Name	Unit No.	No. of Bdrms	Lease Start Date	Lease End Date	LLA Tenant? (Y/N)	Handicap Tenant Unit (Y/N)	Other Special Needs Tenant (Y/N)	Sec. 8 Tenant (Y/N)
1									
2									
3									
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I hereby certify that to the best of my knowledge, the information contained herein is true and accurate.

Name: _____ Title: _____

Company Name: _____

Signature: _____ Date: _____