



INITIAL REGISTRATION SUMMARY

<p>1. Building ID Number _____</p> <p>Building Type (check one) <input type="checkbox"/>MDR <input type="checkbox"/>ETPA <input type="checkbox"/>Hotel</p> <p>2. Building Street Address _____</p> <p>3. City, Town or Village _____ 4. Zip Code (plus 4) _____</p> <p style="text-align: center;">NY</p> <p>5. County _____</p> <p>Owner's Name LAST FIRST M.I. _____</p> <p>(if building is Coop or Condo give corporation or association name)</p> <p>7. Owner's Street Address _____</p> <p>8. City, Town, or Village _____ 9. State _____ 10. Zip Code _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">11. Telephone Number () ()</td> <td>E-mail Address</td> </tr> </table> <p>12. Managing Agent _____</p> <p>13. Managing Agent Street Address _____</p> <p>14. City, Town, or Village _____ 15. State _____ 16. Zip Code _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">17. Telephone Number () ()</td> <td>E-mail Address</td> </tr> </table> <p>18. Date Building Became Subject to Rent Stabilization _____ / _____ / _____ Month Day Year</p>	11. Telephone Number () ()	E-mail Address	17. Telephone Number () ()	E-mail Address	<p>19. Building Status</p> <p style="text-align: center;">Building Class (check one) <input type="checkbox"/>Class A <input type="checkbox"/>Class B</p> <hr/> <p style="text-align: center;">Building Description (check as many as apply)</p> <p><input type="checkbox"/>Hotel <input type="checkbox"/>Single Room Occupancy <input type="checkbox"/>Garden Apartment Complex</p> <p><input type="checkbox"/>Coop/Condo (enter one date below)</p> <p style="padding-left: 20px;">Non-Evict Coop/Condo Plan Effective Date ____/____/____</p> <p style="padding-left: 20px;">Evict Coop/Condo Plan Effective Date ____/____/____</p> <p style="padding-left: 20px;">Coop/Condo Plan Filed ____/____/____</p> <hr/> <p style="text-align: center;">Financing Programs (check as many as apply)</p> <p><input type="checkbox"/>Section 421-a Total Monthly Building Rent Approved by HPD \$ _____</p> <p>Total No. of 421-a Units: Income Restricted ____ Market Rate ____</p> <p><input type="checkbox"/>Sec 11-243 or 11-244 (J-51) <input type="checkbox"/>Article 11 of PHFL</p> <p><input type="checkbox"/>Article 14 & 15 of PHFL <input type="checkbox"/>Section 608 of PHFL</p> <p>Other (specify) _____</p> <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">20. Types of Units in Building</th> <th style="text-align: right;">Number</th> </tr> </thead> <tbody> <tr> <td>*STABILIZED/ETPA (includes vacant and temporarily exempt)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>RENT CONTROL</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>PERMANENTLY EXEMPT</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>TOTAL NUMBER OF APARTMENTS IN BUILDING</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table> <p>*Units subject to annual administrative fee. See DHCR Policy Statement 89-7 in the Instruction Booklet.</p> <hr/> <p>21. Total Number of Apartment Forms Submitted</p>	20. Types of Units in Building	Number	*STABILIZED/ETPA (includes vacant and temporarily exempt)	_____	RENT CONTROL	_____	PERMANENTLY EXEMPT	_____	TOTAL NUMBER OF APARTMENTS IN BUILDING	_____
11. Telephone Number () ()	E-mail Address														
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RENT CONTROL	_____														
PERMANENTLY EXEMPT	_____														
TOTAL NUMBER OF APARTMENTS IN BUILDING	_____														

22. AFFIDAVIT AND CERTIFICATION – State of New York, County of _____: SS

_____, being duly sworn, deposes and says: ** I am the (individual owner); (individual managing NAME agent); (officer) or (partner) of the _____ which is the owner/managing agent of the property described above. NAME OF CORPORATION OR PARTNERSHIP

I am maintaining and will continue to maintain all services furnished or which are required to be furnished to these premises/housing accommodations by any law, ordinance or regulation applicable to the premises/housing accommodations.

The registration of this property, consisting of this Initial Registration Summary, the Building Services Registration, and Initial Apartment Registration information, was verified by me or under my supervision. Every statement in each of the said forms is, to the best of my knowledge and belief, complete and accurate. Other than rent controlled or exempt apartments, one copy of the Initial Apartment Registration form was provided to each tenant of the apartment to which said form applies in accordance with DHCR requirements.

Sworn to before me this _____ day of _____ (Month) (Year) _____ Signature

 Signature of Notary Public (Note to Notary Public: All blanks on this Affidavit must be completed before certifying document)

** Cross out inapplicable designations