



ANNUAL REGISTRATION SUMMARY 2008

1. Building ID Number		18. Building Status Building Class (check one) <input type="checkbox"/> Class A <input type="checkbox"/> Class B											
2. Building Street Address		<hr/> Building Description (check as many as apply) <input type="checkbox"/> Hotel <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Garden Apartment Complex <input type="checkbox"/> Coop/Condo (enter one date below) Non-Evict Coop/Condo Plan Effective Date ____/____/____ Evict Coop/Condo Plan Effective Date ____/____/____ Coop/Condo Plan Filed ____/____/____											
3. City, Town or Village		4. Zip Code (plus 4)											
NY													
5. County Code	5a. Municipality Code (if outside NYC)												
Owner's Name LAST FIRST M.I. (if building is Coop or Condo give corporation or association name)		<hr/> Financing Programs (check as many as apply) <input type="checkbox"/> Sec 11-243 or 11-244 (J-51) <input type="checkbox"/> Sec 608 of PHFL <input type="checkbox"/> Article 11 of PHFL <input type="checkbox"/> Article 14 & 15 of PHFL <input type="checkbox"/> 421-a Total No. of 421-a Units: Income Restricted _____ <div style="text-align: right;">Market Rate _____</div>											
7. Owner's Street Address		19. Types of Units in Building On April 1, 2008											
8. City, Town, or Village		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: center;">Number</th> </tr> </thead> <tbody> <tr> <td>*STABILIZED/ETPA (includes vacant and temporarily exempt)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>RENT CONTROL</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>PERMANENTLY EXEMPT</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>TOTAL NUMBER OF APARTMENTS IN BUILDING</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>			Number	*STABILIZED/ETPA (includes vacant and temporarily exempt)	_____	RENT CONTROL	_____	PERMANENTLY EXEMPT	_____	TOTAL NUMBER OF APARTMENTS IN BUILDING	_____
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RENT CONTROL	_____												
PERMANENTLY EXEMPT	_____												
TOTAL NUMBER OF APARTMENTS IN BUILDING	_____												
11. Telephone Number ()		E-mail Address											
12. Managing Agent		*Units subject to annual administrative fee. See DHCR Policy Statement 89-7 in the Instruction Booklet.											
13. Managing Agent Street Address		20. TOTAL NUMBER OF APARTMENT FORMS SUBMITTED											
14. City, Town, or Village		15. State											
17. Telephone Number ()		E-mail Address											
16. Zip Code		20. TOTAL NUMBER OF APARTMENT FORMS SUBMITTED											

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

_____, being duly sworn, deposes and says: ** I am the (individual owner); (individual managing 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 Registration Summary and 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 Annual 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