State of New York Division of Housing and Community Renewal
Processing Services Unit, Hampton Plaza, 38-40 State Street, Albany, NY 12207
DHCR website: www.nysdhcr.gov

ANNUAL REGISTRATION SUMMARY 2009

1. Building ID Number

2. Building Street Address

3. City, Town or Village 4. Zip Code (plus 4)

NY

5. County Code 5a. Municipality Code (if outside NYC)

6. Owner's Name
LAST FIRST M.I.

(if building is Coop or Condo give corporation or association name)

7. Owner's Street Address

8. City, Town, or Village 9. State 10. Zip Code

11. Telephone Number ( ) E-mail Address

12. Managing Agent

13. Managing Agent Street Address

14. City, Town, or Village 15. State 16. Zip Code

17. Telephone Number ( ) E-mail Address

18. Building Status

Building Class (check one) ☐Class A ☐Class B

Building Description (check as many as apply)

☐Hotel ☐Single Room Occupancy ☐Garden Apartment Complex

☐Coop/Condo (enter one date below)

Non-Evict Coop/Condo Plan Effective Date ____/____/_____

Evict Coop/Condo Plan Effective Date ____/____/_____

Coop/Condo Plan Filed ____/____/_____

Financing Programs (check as many as apply)

☐Sec 11-243 or 11-244 (J-51) ☐Sec 608 of PHFL

☐Article 11 of PHFL ☐Article 14 & 15 of PHFL

☐421-a Total No. of 421-a Units: Income Restricted _____

Market Rate _____

19. Types of Units in Building On April 1, 2009

	Number
*STABILIZED/ETPA (includes vacant and temporarily exempt)	_____
RENT CONTROL	_____
PERMANENTLY EXEMPT	_____
TOTAL NUMBER OF APARTMENTS IN BUILDING	_____

*Units subject to annual administrative fee. See DHCR Policy Statement 89-7 in the Instruction Booklet.

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
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 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

_____ *(Note to Notary Public: All blanks on this Affidavit*
Signature of Notary Public *must be completed before certifying document)* ** Cross out inapplicable designations