



STATE OF NEW YORK • DIVISION OF HOUSING AND COMMUNITY RENEWAL

Processing Services Unit, Hampton Plaza, 38-40 State St., Albany, NY 12207
DHCR Website: www.dhcr.state.ny.us

ANNUAL REGISTRATION SUMMARY 1999

1. BUILDING REGISTRATION ID NUMBER
2. BUILDING STREET ADDRESS
3. CITY, TOWN or VILLAGE 4. ZIP CODE
5. COUNTY CODE 5a. MUNICIPALITY CODE (if OUTSIDE NYC)
6. OWNER'S NAME (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 NO.
12. MANAGING AGENT
13. MANAGING AGENT'S STREET ADDRESS
14. CITY, TOWN or VILLAGE 15. STATE 16. ZIP CODE
17. TELEPHONE NO.

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
Other (specify)
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) 421-A
Article 11 of PHFL Sec. 608 of PHFL
Article 14 & 15 of PHFL Other (specify)
19. TYPES OF UNITS IN BUILDING ON APRIL 1, 1999
*STAB/ETPA (Includes vacant and temporarily exempt)
RENT CONTROL
PERMANENTLY EXEMPT
TOTAL NUMBER OF APTS. IN BUILDING
*Units subject to annual administrative fee. See DHCR Policy Statement 89-7 in the Instruction Booklet.
20. TOTAL NUMBER OF APT. FORMS SUBMITTED

21. AFFIDAVIT AND CERTIFICATION
STATE OF NEW YORK, COUNTY OF
NAME, being duly sworn, deposes and says: *I am the (individual owner);
(individual managing agent); (officer) or (partner) of the
NAME OF CORPORATION OR PARTNERSHIP
which is the owner/managing agent of the property described above.
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
**Cross out inapplicable designations