

State of New York Division of Housing and Community Renewal
Processing Services Unit, Hampton Plaza, 38-40 State Street, Albany, NY 12207
DHCR website: <a href="https://www.nvshcr.org">www.nvshcr.org</a>

## **ANNUAL REGISTRATION SUMMARY 2012**

Building Registration Number			18. Building Status
			Building Class (check one)
2. Building Street Address			Building Description (check as many as apply)
			☐ Hotel ☐ Single Room Occupancy ☐ Garden Apartment Complex
3. City, Town or Village 4. Zip Code (plus 4)		Code (plus 4)	Coop/Condo (enter one date below)
5.0 + 0.1	NY 5a. Municipality Code (if or		Non-Evict Coop/Condo Plan Effective Date//
5. County Code	5a. Municipality Code (if of	utside NYC)	
6. Owner's Name			Evict Coop/Condo Plan Effective Date//
LAST	FIRST	M.I.	Coop/Condo Plan Filed/
			Financing Programs (check as many as apply)
(if building is Coop or Condo give corporation or association name)  7. Owner's Street Address			Sec 11-243 or 11-244 (J-51) Sec 608 of PHFL
/. Owner's Street Address			□Article 11 of PHFL □Article 14 & 15 of PHFL □421-g
8. City, Town or Village	9. State 1	0. Zip Code	☐421-a Total No. of 421-a Units: Income Restricted
			Market Rate
11. Telephone Number ( )			
*Owner E-mail Address			19. Types of Units in Building On April 1, 2012  Number
*For use in online case processing by DHCR to serve tenant filed			
applications, notices and DHCR orders.			*STABILIZED/ETPA (includes vacant and temporarily exempt)
12. Managing Agent's Name			RENT CONTROL
13. Managing Agent's Street Address			PERMANENTLY EXEMPT
13. Managing rigent 3 Succerradices			TOTAL NUMBER OF
14. City, Town or Village	15. State	16. Zip Code	APARTMENTS IN BUILDING
			*Unite rubinet to account administration for Con DUCD Dalling Statement 90.7 in
	T		*Units subject to annual administrative fee. See DHCR Policy Statement 89-7 in the Instruction Booklet.
17. Telephone Number	E-mail Address		20. TOTAL NUMBER OF APARTMENT FORMS SUBMITTED
( )			
21. AFFIDAVIT AND CERTIFICATION – State of New York, County of:			nty 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. The owner email address and 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			