

City of New York
 DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
 Office of Housing Preservation
PROPERTY REGISTRATION FORM

For Office Use Only

MIN #
REG ID #

House No.	Street Name	Boro

Type or print new information in block letters and numbers. Use black or blue ink only.

1(B). IS THE OWNER OF THE PROPERTY THE SAME AS PREVIOUSLY REGISTERED? YES (Go to 2) NO (Go to 2)
 (Check One):

2. INDICATE FORM OF OWNERSHIP:
 (Check One): Individual (Go to 3) Joint (Go to 5B) Corporation (Go to 5) Partnership (Go to 5) Condo (Go to 5) Co-Op (Go to 5) Other (Go to 5) _____ Specify

3. INDIVIDUAL OWNERSHIP
 A person who is the sole owner of the property. (Enter only ONE name)

Owner's Name: First	M.I.	Owner's Name: Last	Currently in Active Military Service?			
E-Mail:			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Bldg. No. (BUSINESS)	Street Name	Suite/Room	City	State	Zip Code	Telephone/Extension ()
House No. (RESIDENCE)	Street Name	Apartment	City	State	Zip Code	Telephone ()

4. IS THE INDIVIDUAL IN SECTION 3 ALSO THE MANAGING AGENT OF THE PROPERTY SPECIFIED ABOVE? YES (Go to 7) NO (Go to 6)
 (Check One):

5. OTHER THAN INDIVIDUAL OWNERSHIP
 Property owned jointly, or by two or more individuals, or by an entity other than an individual. Enter Corporation/Partnership/Other (Estate, Trust) Name in Section 5A. Enter Responsible Person(s) Information in Sections 5B, 5C, and 5D.

5A. Corporation/Partnership/Other Name		Tax ID Number		County Where Certificate of Doing Business Filed		Are One or More Partners a Corporation? <input type="checkbox"/> YES <input type="checkbox"/> NO
Bldg. No. (BUSINESS)	Street Name	Suite/Room	City	State	Zip Code	Telephone/Extension ()
5B. Responsible Person #1 (First Name)		M.I.	(Last Name)	Title		Currently in Active Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO
Bldg. No. (BUSINESS)	Street Name	Suite/Room	City	State	Zip Code	Telephone/Extension ()
House No. (RESIDENCE)	Street Name	Apartment	City	State	Zip Code	Telephone ()
5C. Responsible Person #2 (First Name)		M.I.	(Last Name)	Title		Currently in Active Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO
Bldg. No. (BUSINESS)	Street Name	Suite/Room	City	State	Zip Code	Telephone/Extension ()
House No. (RESIDENCE)	Street Name	Apartment	City	State	Zip Code	Telephone ()



6. MANAGING AGENT INFORMATION

Designated by the Owner to oversee the operation of the property.

Company Name (If Applicable)	Tax ID Number	First Name	M.I.	Last Name	Currently in Active Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO	
E-Mail:						
Bldg. No. (BUSINESS)	Street Name	Suite/Room	City	State	Zip Code	Telephone/Extension ()
House No. (RESIDENCE)	Street Name	Apartment	City	State	Zip Code	Telephone ()

7. SITE MANAGEMENT INFORMATION

Enter the name and telephone number of a nearby Responsible Individual (superintendent, building manager) who can be contacted in the event of an emergency regarding this property.

Site Manager's Name: First	M.I.	Site Manager's Name: Last	Telephone/Extension ()
----------------------------	------	---------------------------	----------------------------

8. IS THE ENTIRE PROPERTY LEASED TO ONE INDIVIDUAL OR CORPORATION?

Refers to a single lease for the entire property and does not refer to the rental of individual units.

(Check One): YES (Go to 9) NO (Go to 10)**9. LESSEE INFORMATION**

Enter information about the Corporation/Partnership (if appropriate) and/or the individual leasing the entire property.

Corporation/Partnership Name	First Name	M.I.	Last Name			
Bldg. No. (BUSINESS)	Street Name	Suite/Room	City	State	Zip Code	Telephone/Extension ()

10. CONFIDENTIAL 24 HOUR TELEPHONE NUMBER(S)

Enter the names and confidential 24 hour telephone numbers (in the NYC metropolitan area) of the Owner and/or one or more Responsible Persons who can be contacted in the event of an emergency regarding this property.

Telephone/Extension ()	First Name	Last Name	Telephone/Extension ()	First Name	Last Name
E-Mail:			E-Mail:		

This Property Registration Form must be SIGNED AND DATED BY **BOTH** the MANAGING AGENT indicated in Section 6 and the PROPERTY OWNER indicated in Sections 3 or 5.
11. MANAGING AGENT SIGNATURE _____ Date _____
 I CONSENT TO THE DESIGNATION AS MANAGING AGENT OF THE ABOVE PROPERTY. I AM AT LEAST 21 YEARS OLD.

12. OWNER SIGNATURE _____ Date _____

I AM A PERSON WITH DIRECT OR INDIRECT CONTROL OVER THIS PROPERTY. I AM SIGNING IN MY CAPACITY AS:

 Individual Owner
 Joint Owner
 Officer
 General Partner
 Limited Partner
 Receiver
 Executor
 Trustee
 Other _____ Specify

If you have the Owner's Power of Attorney and are signing for the Owner, a copy of the notarized Power of Attorney must accompany the Registration Form.

I CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

False Statements Are Punishable Under Section 27-2096 of the NYC Housing Maintenance Code.

RETURN THIS FORM TO: HPD, P.O. BOX 9020, CHURCH STREET STATION, NEW YORK, NY 10256.

TELEPHONE (212) 863-7000 FOR ASSISTANCE IN COMPLETING THIS FORM, MONDAY THROUGH FRIDAY BETWEEN 9:15 A.M. AND 4:30 P.M.

For Office Use Only — Do Not Write Below This Line

Agent	Owner
1	2

Side 2





The City of New York
Department of Housing Preservation and Development

INSTRUCTIONS FOR PROPERTY REGISTRATION FORM
(Without pre-printed information)

Enter the address (House Number, Street Name and Boro) of the property you are registering in the space provided at the top left of the form.

Complete all sections of the Property Registration Form by following the Section-by-Section Instructions below. BOTH the Owner (in Section 12) and the Managing Agent (in Section 11) must sign and date the form.

Type or print boldly (in blue ink) all information. Statements such as "SAME AS ABOVE" or "DITTO" are not acceptable. When providing addresses, do not use Post Office Box Numbers. Please note that only one property may be reported on this form.

SECTION-BY-SECTION INSTRUCTIONS

1. **IS THE OWNER OF THE PROPERTY THE SAME AS PREVIOUSLY REGISTERED?**
indicate here, by checking "YES" or "NO" whether the property is still owned by the same Owner as previously registered. After completing this Section, go to Section 2.
2. **INDICATE FORM OF OWNERSHIP**
Indicate the type of ownership by checking the appropriate box. If you check:
INDIVIDUAL, go to Section 3;
JOINT, go to Section 5B. Joint Ownership applies when the property is owned by two or more individuals not in a Partnership;
CORPORATION, PARTNERSHIP, CONDO, CO-OP, go to Section 5;
OTHER, specify form of ownership or responsibility, including Receiver, Executor or Trustee, and go to Section 5.
3. **INDIVIDUAL OWNERSHIP**
Complete Section 3 if you checked "INDIVIDUAL" in Section 2. Enter only one name. An Individual Owner is a person who is the sole owner of the property. Please note, the Business Address is where business related to this property is conducted. After completing this Section, go to Section 4.
4. **IS THE INDIVIDUAL IN SECTION 3 ALSO THE MANAGING AGENT OF THE PROPERTY SPECIFIED ABOVE?**
Complete Section 4 if you checked "INDIVIDUAL" in Section 2. If you are also the Managing Agent, check "YES" and go to Section 7. If you have designated someone else as the Managing Agent check "NO" and go to Section 6. A Managing Agent is designated by the Owner to oversee the operation of the property being registered. The Managing Agent must maintain an office or home address in New York City and must be at least 21 years old.
5. **OTHER THAN INDIVIDUAL OWNERSHIP**
If you selected "JOINT", "CORPORATION", "PARTNERSHIP", "CONDO", "CO-OP" or "OTHER" in Section 2, follow the instructions below.

5A: Enter the Corporation Partnership or Other (Estate, Trust) Name, Tax Identification Number, address and telephone number. If a Partnership, enter the county where the Certificate of Doing Business is filed. Check the "YES" box, if at least one member of the Partnership is a Corporation.

NOTE: PROPERTY REGISTRATION FORM MUST BE SUBMITTED AS ONE PAGE (2-SIDED). HPD WILL NOT ACCEPT TWO SEPARATE SHEETS.



Printed on paper containing 30% post-consumer material.