OHPForm515

(Rev. 3/97)

THE CITY OF NEW YORK

**DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT**

OFFICE OF HOUSING PRESERVATION • DIVISION OF CODE ENFORCEMENT

**PRELIMINARY RESIDENTIAL PROPERTY TRANSFER FORM**

The NYC Housing Maintenance Code requires owners of multiple dwellings to register their properties with the Department of Housing Preservation and Development 1 or 2 family homes need not be registered if the owner lives in NYC. Failure to register is a violation of the law and may subject owners to fines of up to $500, and to criminal penalties. In addition, failure to register may prevent the Owner or Managing Agent from bringing certain actions before the NYC Housing Court, including recovery of possession of premises for non-payment of rent.

Upon receipt of this completed form, a pre-printed computerized "PROPERTY REGISTRATION FORM· will be forwarded to *you* as the new owner of the property. The computerized form must be filled out completely. Incorrect pre-printed data may be corrected in the space provided.

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TYPE OF **RESIDENTIAL PROPERTY:**

MULTIPLE DWELLING (3 OR MORE UNITS)

1-2 FAMILY HOUSE

I

BLDG. NO. (BUS.)

STREET:

ITAX ID NUMBER:

CORPORATION I PARTNERSHIP/ ESTATE NAME *(lf -6cableJ:*

I

**pmoR OWNER** *(If* ***kncwn}***

Name

Address

**INSTRUCTIONS FOR USING THIS FORM**

Please type or print in block letters, using blue or black ink ***ONLY .*** DO *NOT* USE POST OFFICE BOX NUMBERS.ONLY ONE PROPERTY MAY BE REGISTERED ON THIS.FORM. After completing the form, sign and date where required and submit to the Office of the City Register when *you* record your deed.

To get help in completing this form, please call the ***Registrstion Assisranee Unit st (212) 386-7000, Mondsy through Friday, 9:15* AM.** *to* ***4:45 P.M.***

**SECTION** • **BY** • **SECTION INSTRUCTIONS:**

1. ***PROPERTY ADDRESS:*** Enter Borough, House Number. Street Name. Enter the Multiple Dwelling Registration (MDR) Number, if known.
2. ***RESPONSIBLE PARTY INFORMATION:*** Enter either the person's name or a business name, and check the correct 'RELATIONSHIP' box. Enter a business address where mail is tobe directed for this property. and/or a home address and *any* associated telephone numbers. If a Corporation/Partnership/Estate name is used, the Tax ID Number ***MUST*** be entered.
3. ***SIGNATURE SECTION:*** Sign and date this form. Indicate the capacity in which you are signing the form by checking the appropriate box.

**HPD** OFACE USE ONLY

**RESP.**

**PRELIM. REG.**

**3. SIGNATURE SECTION *(sign and dat9 this form and indicat9 your official capacity)***

D IndividualD Joint D CorporateD GeneralD Limited**O** ReceiverD ExecutorD Managing**O** Other Owner Owner Officer Partner Partner Agent \_

*(specify}*

***SIGNATURE*** ------------------------- ***DATE*** ------------

2. **RESPONSIBLE PARTY INFORMATION *(the Individual*** *or* ***entity r9sponslb/e*** *for th•* ***property)***

Indicate the relationship of the Responsible Party to the property by checking the appropriate box:

DIndividual Owner CJJoint Owner DCorp/Condo/Co-op Officer OPartner OManaging Agent

OOther

*(specify)*

FIRST NAME: I M..I I LAST NAME : I TITLE:

SUITE/ RM.

CITY : ISTATE : IZ IP : I ;HONE : )

EXT. :

HOUSE NO. (RES.) ISTRE ET:

APT. :

CITY : ISTATE: IZIP: I ;HONE: )

1. **PROPERTY ADDRESS:**

**MOR NUMBER**

Borough IHouse No. IStreet Name