

THE CITY OF NEW YORK  
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT  
OFFICE OF HOUSING PRESERVATION - DIVISION OF CODE ENFORCEMENT

## PRELIMINARY RESIDENTIAL PROPERTY TRANSFER

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 binding certain actions before the NYC Housing Court, including recovery of possession of promises for non-payment of rent.

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

TYPE OF RESIDENTIAL PROPERTY:  MULTIPLE DWELLING (3 OR MORE UNITS)  1-2 FAMILY HOUSE

|                     |           |             |            |
|---------------------|-----------|-------------|------------|
| 1. PROPERTY ADDRESS |           |             | MDR NUMBER |
| Borough             | House No. | Street Name |            |

|  |   |   |                                  |
|--|---|---|----------------------------------|
| 2. RESPONSIBLE PARTY INFORMATION ( <i>the Individual or entity responsible for the property</i> )<br>Indicate the relationship of the Responsible Party to the property by checking the appropriate box: |   |   |                                  |
| <input type="checkbox"/> Individual Owner  | <input type="checkbox"/> Joint Owner    | <input type="checkbox"/> Corp/Condo/Co-op Officer | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Other<br><i>(Specify)</i>   | <input type="checkbox"/> Managing Agent |   |                                  |
| FIRST NAME:  | M.I.                                    | LAST NAME:  | TITLE:                           |
| BLDG. NO. (BUS.)   | STREET:                                 |   | SUITE/RM.                        |
| CITY:  | STATE:                                  | ZIP:  | PHONE:                           |
| EXT.:  |   |   |                                  |
| HOUSE NO. (RES.)   | STREET:                                 |   | APT.:                            |
| CITY:  | STATE:                                  | ZIP:  | PHONE:                           |
| CORPORATION/PARTNERSHIP/ESTATE NAME ( <i>if applicable</i> )   |   |   | TAX ID NUMBER:                   |

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| 3. SIGNATURE SECTION ( <i>sign and date this form and indicate your official capacity</i> ) |                                      |  |   |
| <input type="checkbox"/> Individual Owner   | <input type="checkbox"/> Joint Owner | <input type="checkbox"/> Corporate Officer | <input type="checkbox"/> General Partner          |
| <input type="checkbox"/> Limited Partner  | <input type="checkbox"/> Receiver    | <input type="checkbox"/> Executor          | <input type="checkbox"/> Managing Agent           |
|   |                                      |  | <input type="checkbox"/> Other ( <i>Specify</i> ) |
| SIGNATURE _____   |                                      |  | DATE _____  |

|                                       |          |
|---------------------------------------|----------|
| PRIOR OWNER ( <i>if known</i> ) 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 MAYBE 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.

#### 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 'RELATIONSHIP' box. Enter a business address where mail is to be directed for this property, and/or a home address and 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 appropriate box.

|                              |       |
|------------------------------|-------|
| HPD<br>OFFICE<br>USE<br>ONLY | RESP. |
| PRELIM. REG.                 |       |