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## Instructions for filling out this HPD Registration Form

This form is to change registration information in the Department of Housing Preservation & Development database, including the Managing Agent's information. **This form must be copied and submitted as a two-sided form. HPD will not accept this as a two-page form.** This can be submitted directly to HPD. If you would like Metropolitan Refunds to review the form prior to submission, please fax it to our office. We will review and submit the form to the HPD on your behalf.

**If you have any problems or questions, please call (516) 889-6664 and ask for assistance.**

**Thank you!**

**Metropolitan Refunds**



The City of New York  
Department of Housing Preservation and Development



**Breaking New Ground**

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

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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.

5B-5D: For each Responsible Person (Officer, Partner, Joint Owner or Other Responsible Person including Receiver, Executor or Trustee), enter business (where business related to this property is conducted) and home addresses and telephone numbers. At least two partners must be listed.

After completing this Section go to Section 6.

6. MANAGING AGENT INFORMATION (Must be provided unless building *is owned and* managed by an Individual Owner)

Enter Managing Agent information here. This must include an individual's name. 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* (a NYC Post Office Box is not an acceptable address) and must be at least 21 years old. Provide Company Name and Tax ED Number only if the Managing Agent is employed by a management or realty company.

7. SITE MANAGEMENT INFORMATION

Enter the name and telephone number of a nearby Responsible Individual (superintendent, building manager) who can also be contacted in the event of an emergency regarding this property. After completing this Section, go to Section 8.

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

This question refers to a single lease for the entire property and does not refer to the rental of individual units. If the entire property is leased to an Individual, Corporation or Partnership, check "YES" and go to Section 9. If not, check "NO" and go to Section 10.

9. LESSEE INFORMATION (if "NO" in Section 8, leave this section blank)

Enter information regarding the Corporation or Partnership (if appropriate) and/or the Individual leasing the entire property. After completing this Section, go to Section 10.

10. CONFIDENTIAL 24 HOUR PHONE NUMBERS

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. After completing this Section, go to Section 11.

11. MANAGING AGENT SIGNATURE

The Managing Agent indicated in Section 6 must Sign and Date this form. The Owner must Sign and Date Section 12.

12. OWNER SIGNATURE

An Owner indicated in Section 3 or a Responsible Party indicated in Section 5 must Sign and Date this form and indicate relationship to the property by checking one of the boxes under the signature line. If "OTHER" is checked, indicate relationship on the "SPECIFY OTHER" line. If you have the Owner's Power of Attorney and are signing for the Owner, a copy of a notary Power of Attorney must accompany the Registration Form.

BOTH THE OWNER AND THE MANAGING AGENT MUST SIGN AND DATE THIS FORM.

ENCLOSE A CHECK OR MONEY ORDER FOR \$13.00 PAYABLE TO THE NEW YORK CITY COMMISSIONER OF FINANCE.

For Office Use Only

**PROPERTY REGISTRATION FORM**

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?** (Check One):  YES (Go to 2)  NO (Go to 2)

**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?			
			<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?** (Check One):  YES (Go to 7)  NO (Go to 6)

**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.

<b>5A. Corporation/Partnership/Other Name</b>		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 ( )
<b>5B. Responsible Person #1 (First Name)</b>		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 ( )
<b>5C. Responsible Person #2 (First Name)</b>		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 ( )
<b>5D. Responsible Person #3 (First Name)</b>		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/Extension ( )

**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	
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 ( )
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**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
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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