

# Initial Registration Form Samples

## 421-a(16) Buildings

This document provides sample Initial Registration forms for 421-a(16) buildings and tips for common errors. Please review the tips below and refer to the corresponding sample forms.

For further instructions, see the general [Initial Rent Registration Instructions](#) and [Initial Registration Instructions – 421-a\(16\) Tax Benefit Buildings](#), which are found online at [www.hcr.ny.gov/rent-registration](http://www.hcr.ny.gov/rent-registration) where registration forms and information is available.



State of New York Division of Housing and Community Renewal  
Rent Registration Unit, Gertz Plaza, 92-31 Union Hall Street, Jamaica, NY 11433  
DHCR website: [www.hcr.ny.gov](http://www.hcr.ny.gov)

### INITIAL REGISTRATION SUMMARY

### A – Date of Stabilization and Lease Dates: Summary and Apartment Forms (Samples 1-2)

The Date of Rent Stabilization for 421-a(16) buildings is the completion of construction date. This date is entered on both the Summary Form and all Apartment forms.

In addition, the lease dates of tenancies being initially registered must include this date.

If the apartment **is** occupied on this date, enter the lease dates.

If the apartment **is not** occupied on this date, enter VACANT for Tenant Name, and do not enter lease dates.

<b>1. Building ID Number</b> <u>598765</u>			<b>19. Building Status</b> Building Class (check one) <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B												
<b>2. Building Street Address</b> <u>2 Rohan St</u>			<b>Building Description</b> (check as many as apply) <input type="checkbox"/> Hotel <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Garden Apartment Complex <input type="checkbox"/> Coop/Condo (enter one date below) Non-Evict Coop/Condo Plan Effective Date ___/___/___ Evict Coop/Condo Plan Effective Date ___/___/___ Coop/Condo Plan Filed ___/___/___												
<b>3. City, Town or Village</b> <u>New York</u>		<b>4. Zip Code (plus 4)</b> <u>NY 10022</u>		<b>Financing Programs</b> (check as many as apply) <input type="checkbox"/> Section 421-a(1-15) <input checked="" type="checkbox"/> Section 421-a(16) Total Monthly 421-a(1-15) Building Rent _____ (attach HPD workbook) Approved by HPD \$ _____ Total No. of 421-a Units: Income Restricted <u>3</u> Market Rate <u>3</u>											
<b>5. County</b> <u>New York</u>			<input type="checkbox"/> Sec 11-243 or 11-244 (J-51) <input type="checkbox"/> Article 11 of PHFL <input type="checkbox"/> Article 14 & 15 of PHFL <input type="checkbox"/> Section 608 of PHFL <input type="checkbox"/> Section 610 of PHFL (attach approving regulatory agreement) Other/Regulatory Agreement (specify and attach) _____												
<b>Owner's Name</b> LAST <u>Doe</u> FIRST <u>Jane</u> MI. _____ (if building is Coop or Condo give corporation or association name)			<b>20. Types of Units in Building</b>												
<b>7. Owner's Street Address</b> <u>3 Gondor Ave</u>			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Types of Units in Building</th> <th style="width: 20%;">Number</th> </tr> </thead> <tbody> <tr> <td>*STABILIZED/ETPA (includes vacant and temporarily exempt)</td> <td style="text-align: center;"><u>6</u></td> </tr> <tr> <td>RENT CONTROL</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>PERMANENTLY EXEMPT</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>TOTAL NUMBER OF APARTMENTS IN BUILDING</td> <td style="text-align: center;"><u>6</u></td> </tr> </tbody> </table>			Types of Units in Building	Number	*STABILIZED/ETPA (includes vacant and temporarily exempt)	<u>6</u>	RENT CONTROL	_____	PERMANENTLY EXEMPT	_____	TOTAL NUMBER OF APARTMENTS IN BUILDING	<u>6</u>
Types of Units in Building	Number														
*STABILIZED/ETPA (includes vacant and temporarily exempt)	<u>6</u>														
RENT CONTROL	_____														
PERMANENTLY EXEMPT	_____														
TOTAL NUMBER OF APARTMENTS IN BUILDING	<u>6</u>														
<b>8. City, Town, or Village</b> <u>New York</u>		<b>9. State</b> <u>NY</u>		<b>10. Zip Code</b> <u>10033</u>											
<b>11. Telephone Number</b> <u>(212) 555-1234</u>		<b>E-mail Address</b> <u>XXXXX@XXXX.com</u>													
<b>12. Managing Agent</b> _____															
<b>13. Managing Agent Street Address</b> _____															
<b>14. City, Town, or Village</b> _____		<b>15. State</b> _____		<b>16. Zip Code</b> _____											
<b>17. Telephone Number</b> _____		<b>E-mail Address</b> _____													
<b>18. Date Building Became Subject to Rent Stabilization</b> <u>08</u> / <u>01</u> / <u>2023</u>															
<b>21. Total Number of Apartment Forms Submitted</b> <u>6</u>															
<b>22. AFFIDAVIT AND CERTIFICATION – State of New York, County of <u>New York</u> : SS</b> <u>Jane Doe</u> , being duly sworn, deposes and says: ** I am the (individual owner); (individual managing 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 Initial Registration Summary, the Building Services Registration, and Initial Apartment Registration information, was verified by me or under my supervision. 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 Initial Apartment 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 <u>XX</u> day of <u>XX</u> <u>XXXX</u> _____ (Month) (Year) Signature _____ Signature of Notary Public (Note to Notary Public: All blanks on this Affidavit must be completed before certifying document)															



**INITIAL APARTMENT REGISTRATION**

Note: All information entered on this form must be valid for the date this apartment became subject to Rent Stabilization (this is the date entered in Item 1)

<b>1. Date apartment became subject to Rent Stabilization</b> 08 / 01 / 2023 <small>Month Day Year</small>		<b>2. Date of this Initial Registration</b> 10 / 01 / 2023 <small>Month Day Year</small>		<b>14. Legal Regulated Rent on Date in Item 1</b> \$ 1000.00 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week	
<b>3. Building ID Number</b> <input checked="" type="checkbox"/> MDR <input type="checkbox"/> ETPA <input type="checkbox"/> Hotel 598765			<b>15a. Actual Rent Paid on Date in Item 1</b> (enter only if different than Legal Regulated Rent in item 14 above) <del>\$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</del>		
<b>4. Street Address</b> 2 Rohan St			<b>15b. Reason for Exemption:</b> <b>B</b> <input type="checkbox"/> PHFL 617 Rent Assistance <input type="checkbox"/> Other Regulatory Agreement (specify and attach):		
<b>5. City, Town or Village</b> New York		<b>6. Zip Code</b> NY 10022		<b>16a. Reason for Initial Apartment Registration</b> (check one) <input checked="" type="checkbox"/> New Construction (Ex: 421-a) <input type="checkbox"/> Major Rehabilitation (Ex: J-51) <input type="checkbox"/> Apartment Previously under Mitchell-Lama <input type="checkbox"/> Apartment Previously Rent Controlled \$ _____ Rent \$ _____ MCR \$ _____ MBR Date Rent Controlled tenant vacated _____ / _____ / _____ <small>Month Day Year</small> <input type="checkbox"/> Other/Regulatory Agreement (specify and attach) _____	
<b>7. County</b> New York	<b>8. Apartment Number</b> 2	<b>9. Total # of Rooms in Apt.</b> 5	<b>16b. Initial Apartment Registration Status</b> <input checked="" type="checkbox"/> Stabilized/ETPA (includes vacant and temporarily exempt) <input type="checkbox"/> 421-a Market Rate Unit <input checked="" type="checkbox"/> 421-a Income Restricted Unit <u>80</u> % Area Median Income <small>This 421-a Income Restricted Unit is reserved for individuals or families whose incomes at the time of initial occupancy do not exceed the above % of the area median incomes, as adjusted for family size.</small> <b>OR</b> <input type="checkbox"/> Permanently Exempt (if exempt box is checked, one reason MUST be selected below): <input type="checkbox"/> Coop/Condo Occupied by Owner or Non-Protected Tenant <input type="checkbox"/> High Rent Vacancy Deregulation (421-a (16)) <input type="checkbox"/> Regulatory Agreement/Statutory Provision <b>Note: Temporary Exemption to be noted in Item 10.</b>		
<b>10. Tenant Name(s)</b> Last First M.I. Smith John			<b>11. Lease Dates in effect on Date in Item 1 above</b> Began on 08 / 01 / 2023 Expires on 07 / 31 / 2024 <small>Month Day Year Month Day Year</small>		
<b>12. Equipment and Services included in the rent</b> (check as many as apply) <input checked="" type="checkbox"/> Stove <input checked="" type="checkbox"/> Refrigerator <input checked="" type="checkbox"/> Dishwasher <input type="checkbox"/> Blinds/Shades <input type="checkbox"/> Furniture <input type="checkbox"/> Maid Service <input type="checkbox"/> Linen Service <input type="checkbox"/> Room A/C (No. of units) _____ <input type="checkbox"/> Other (specify): _____ <small>(ex: garage, washer, dryer, microwave)</small>					
<b>13. Equipment and services for which a separate charge is collected by owner</b> (check as many as apply) <input type="checkbox"/> Electricity/A/C <input type="checkbox"/> Furniture <input type="checkbox"/> Recreational Facilities <input type="checkbox"/> Other (specify): _____ <small>(ex: cable TV, City/FHEPS utility payment) \$ Amount Total</small> <input type="checkbox"/> Garage/Parking \$ _____ per month each car Separate Lease From _____ / _____ / _____ To _____ / _____ / _____ <small>Month Day Year Month Day Year</small>					
<b>17. Owner/Managing Agent</b> (check one) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Managing Agent <input type="checkbox"/> Coop/Condo Owner Doe Jane LAST NAME: FIRST NAME M.I. 3 Gondor Ave STREET ADDRESS APARTMENT/ROOM NUMBER New York NY 10022 CITY, TOWN OR VILLAGE STATE ZIP CODE			<b>NOTE:</b> If unit is coop/condo, enter information for unit owner. In all other cases, enter information for building owner or building managing agent.		

**B – Actual Rent: Apartment Form (Sample 2)**

For all apartment forms, do not enter Actual Rents unless the building concurrently has a government Regulatory Agreement requiring the Initial Registration of Actual Rents.

For more information, see [Initial and Annual Registration Instructions Addendum – Regulatory Agreement Buildings](#).

PARA INFORMACION EN ESPANOL VEA RESPALDO DE ESTA FORMA

Copy 1 DHCR

Copy 2 OWNER

IMPORTANT TENANT INFORMATION ON OTHER SIDE OF FORM

Copy 3 TENANT (save for your records)



**INITIAL APARTMENT REGISTRATION**

Note: All information entered on this form must be valid for the date this apartment became subject to Rent Stabilization (this is the date entered in Item 1)

1. Date apartment became subject to Rent Stabilization 08 / 01 / 2023 Month / Day / Year		2. Date of this Initial Registration 10 / 01 / 2023 Month / Day / Year		14. Legal Regulated Rent on Date in Item 1 \$ 0.00 per <input type="checkbox"/> Month <input type="checkbox"/> Week	
3. Building ID Number 598765		<input checked="" type="checkbox"/> MDR <input type="checkbox"/> ETPA <input type="checkbox"/> Hotel		15a. Actual Rent Paid on Date in Item 1 (enter only if different than Legal Regulated Rent in item 14 above) \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week	
4. Street Address 2 Rohan St		5. City, Town or Village New York NY		6. Zip Code 10022	
7. County New York		8. Apartment Number 3		9. Total # of Rooms in Apt 5	
10. Tenant Name(s) Last First M.I. VACANT		11. Lease Dates in effect on Date in Item 1 above Began on ____/____/____ Expires on ____/____/____ Month Day Year Month Day Year		16a. Reason for Initial Apartment Registration (check one) <input checked="" type="checkbox"/> New Construction (Ex: 421-a) <input type="checkbox"/> Major Rehabilitation (Ex: J-51) <input type="checkbox"/> Apartment Previously under Mitchell-Lama <input type="checkbox"/> Apartment Previously Rent Controlled \$ _____ Rent \$ _____ MCR \$ _____ MBR Date Rent Controlled tenant vacated ____/____/____ Month Day Year <input type="checkbox"/> Other/Regulatory Agreement (specify and attach): _____	
12. Equipment and Services included in the rent (check as many as apply) <input checked="" type="checkbox"/> Stove <input checked="" type="checkbox"/> Refrigerator <input checked="" type="checkbox"/> Dishwasher <input type="checkbox"/> Blinds/Shades <input type="checkbox"/> Furniture <input type="checkbox"/> Maid Service <input type="checkbox"/> Linen Service <input type="checkbox"/> Room A/C (No. of units) _____ <input type="checkbox"/> Other (specify): _____ (ex: garage, washer, dryer, microwave)		13. Equipment and services for which a separate charge is collected by owner (check as many as apply) <input type="checkbox"/> Electricity/A/C <input type="checkbox"/> Furniture <input type="checkbox"/> Recreational Facilities <input type="checkbox"/> Other (specify): _____ (ex: cable TV, CityFHEPS utility payment) \$ Amount Total <input type="checkbox"/> Garage/Parking \$ _____ per month each car Separate Lease From ____/____/____ To ____/____/____ Month Day Year Month Day Year		16b. Initial Apartment Registration Status <input checked="" type="checkbox"/> Stabilized/ETPA (includes vacant and temporarily exempt) <input checked="" type="checkbox"/> 421-a Market Rate Unit <input type="checkbox"/> 421-a Income Restricted Unit _____% Area Median Income This 421-a Income Restricted Unit is reserved for individuals or families whose incomes at the time of initial occupancy do not exceed the above % of the area median incomes, as adjusted for family size. OR <input type="checkbox"/> Permanently Exempt (if exempt box is checked, one reason MUST be selected below): <input type="checkbox"/> Coop/Condo Occupied by Owner or Non-Protected Tenant <input type="checkbox"/> High Rent Vacancy Deregulation (421-a (16)) <input type="checkbox"/> Regulatory Agreement/Statutory Provision Note: Temporary Exemption to be noted in Item 10.	
17. Owner/Managing Agent (check one) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Managing Agent <input type="checkbox"/> Coop/Condo Owner Doe Jane LAST NAME: FIRST NAME M.I. 3 Gondor Ave STREET ADDRESS APARTMENT/ROOM NUMBER New York NY 10022 CITY, TOWN OR VILLAGE STATE ZIP CODE		NOTE: If unit is coop/condo, enter information for unit owner. In all other cases, enter information for building owner or building managing agent.			

**C – Vacant 421-a Market Rate Units: Apartment Form (Sample 3)**

For 421-a(16) Market Rate Units that are vacant on the Date of Rent Stabilization, enter VACANT for Tenant Name and enter "0.00" for the Legal Rent.

In addition, ensure to select apartment statuses "Stabilized/ETPA" and "421-a Market Rate" for these units.