

Initial Registration Form Samples

ETPA Buildings

This document provides sample Initial Registration forms and tips for common errors for buildings in municipalities outside of NYC that have adopted Rent Stabilization, known as ETPA (Emergency Tenant Protection Act) outside of NYC. Please review the tips below and refer to the corresponding sample forms.

For further instructions, see the general [ETPA Initial Rent Registration Instructions](https://hcr.ny.gov/rent-registration), which is found online at <https://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

INITIAL REGISTRATION SUMMARY

1. Building ID Number _____			19. Building Status Building Class (check one) <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B												
2. Building Street Address 2 Sample St			Building Description (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 ____/____/____												
3. City, Town or Village Kingston		4. Zip Code (plus 4) NY 12401		B Financing Programs (check as many as apply) <input type="checkbox"/> Section 421-a(1)(5) <input checked="" type="checkbox"/> Section 21-a(16) Total Monthly 421-a(16) Building Rent (attach HPD workbook) Approved by HPD \$ _____ Total No. of 421-a(16) units: Income Restricted _____ Market Rate _____ <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) _____											
5. County Ulster			20. Types of Units in Building <table 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;">6</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;">6</td> </tr> </tbody> </table> *Units subject to annual administrative fee. See DHCR Policy Statement 89-7 in the Instruction Booklet.			Types of Units in Building	Number	*STABILIZED/ETPA (includes vacant and temporarily exempt)	6	RENT CONTROL	_____	PERMANENTLY EXEMPT	_____	TOTAL NUMBER OF APARTMENTS IN BUILDING	6
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RENT CONTROL	_____														
PERMANENTLY EXEMPT	_____														
TOTAL NUMBER OF APARTMENTS IN BUILDING	6														
Owner's Name LAST FIRST M.I. Doe Jane			21. Total Number of Apartment Forms Submitted 6												
(if building is Coop or Condo give corporation or association name) 7. Owner's Street Address 3 Example Ave			22. AFFIDAVIT AND CERTIFICATION – State of New York, County of Ulster : SS												
8. City, Town, or Village Kingston		9. State NY		10. Zip Code 12401											
11. Telephone Number (845) 555-1234		E-mail Address XXXXX@XXXX.com													
12. Managing Agent _____															
13. Managing Agent Street Address _____															
14. City, Town, or Village _____		15. State _____		16. Zip Code _____											
17. Telephone Number _____			E-mail Address _____												
18. Date Building Became Subject to Rent Stabilization 08 / 01 / 2022 Month Day Year															
Jane Doe, 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 _____ 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 XX day of XX XXXX (Month) (Year)			XXXXXXXXXXXXXXXXXXXXXXXXXXXX Signature												
XXXXXXXXXXXXXXXXXXXX Signature of Notary Public			(Note to Notary Public: All blanks on this Affidavit must be completed before certifying document)												

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

The Date of Rent Stabilization for buildings in municipalities that have adopted ETPA is set forth in the local law.

Kingston's Date of Rent Stabilization is 08/01/2022.

This date is entered on both the Summary Form and, generally, on all Apartment Forms. In addition, the Lease Term of the tenancies being initially registered must include the Date of Stabilization.

If the apartment is occupied on this date, initially register that tenancy.

If the apartment is not occupied on this date, initially register the first tenancy following the adoption of ETPA and enter the start lease date as the Apartment's Date of Stabilization.

**B – 421-a Fields:
Summary and Apartment
Forms (Samples 1-2)**

Please do not make any 421-a selections and entries. These fields apply **only** to buildings participating in the NYC 421-a Tax Abatement program and **do not** apply to ETPA buildings (see [HCR Fact Sheet #41](#)).

**C – Unit Types/Status:
Summary and Apartment
Forms (Samples 1-2)**

The number of Stabilized/ETPA units entered on the Summary Form includes Vacant and Temporarily Exempt Units and should equal the total number of units in the building.

This number may differ from the total number of Apartment Forms being submitted in a filing due to the Initial Registration of **only occupied** units, all of which should have the Stabilized/ETPA status selected on the Apartment Form.

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

For all apartment forms, do not enter Actual Rents unless the building 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](#).



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 / 2022		2. Date of this Initial Registration 12 / 02 / 2024		14. Legal Regulated Rent on Date in Item 1 \$ 1000.00 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week	
3. Building ID Number <input type="checkbox"/> MDR <input checked="" type="checkbox"/> ETPA <input type="checkbox"/> Hotel		4. Street Address 2 Sample St		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	
5. City, Town or Village Kingston NY		6. Zip Code 12401		15b. Reason for Exemption: D <input type="checkbox"/> PHFL (Public Housing Assistance) <input type="checkbox"/> Other Regulatory Agreement (specify and attach):	
7. County Ulster	8. Apartment Number 2	9. Total # of Rooms in Apt. 5		16a. Reason for Initial Apartment Registration (check one) <input 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 ____/____/____ <input checked="" type="checkbox"/> Other/Regulatory Agreement (specify and attach) ETPA Adoption	
10. Tenant Name(s) Last: Smith First: John M.I.		11. Lease Dates in effect on Date in Item 1 above Began on 07 / 01 / 2022 Expires on 06 / 31 / 2023		16b. Initial Apartment Registration Status <input checked="" type="checkbox"/> Stabilized/ETPA (includes vacant and temporarily exempt) C <input type="checkbox"/> 421-a Market Rate Rent X <input type="checkbox"/> 421-a Income Restricted Unit _____ % Area Median Income B 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.	
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		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 Example Ave Kingston NY 12401 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.			

PARA INFORMACION EN ESPANOL, VEA RESPALDO DE ESTA FORMA.
Copy 1 DHCR

IMPORTANT TENANT INFORMATION ON OTHER SIDE OF FORM
Copy 2 OWNER

Copy 3 TENANT (save for your records)

RR-1(i) 03/2023