New York State
Division of Housing & Community Renewal

Data Upload Instructions Annual Rent Registration 2020 and Later

Rent Registration Unit - Gertz Plaza
92-31 Union Hall Street
Jamaica, NY 11433

Email: PSU@hcr.ny.gov
Website: www.hcr.ny.gov
revised 2/2026

Table of Contents

Page 2 General Description of the Registration Process
Page 2 Definitions of Items in Data Upload Instructions
Page 2 File Specifications – record type/record length/sort order
Page 3 Naming Conventions for Street Names
Page 4 Naming Conventions for Entering Apartments in Buildings with a Range Address
Page 4 Filing Permanently Exempt Apartments
Page 5 Naming Conventions for Formatted Names

- A. General
- B. Titles and joint names
- C. Two different last names
- D Initials followed by complete middle name
- E. Prefixed names
- F. Suffixes
- G. Hyphenated names
- H. Aka and c/o
- I. Nicknames
- J. Spanish names
- K. Asian names
- L. Partnerships and Corporations
- M. Exempt and Vacant Apartments

Page 13 Data Upload Instructions - Building
Page 24 Data Upload Instructions - Apartment

Appendix A
Table of State Abbreviations
Municipality Codes
County Codes
Street Suffix Abbreviations

General Description of the Registration Process ➔

The Data Upload Instructions define the meaning of data elements, the manner and order in which they must appear on the submission, and the constraints on their values. Since the primary key which drives this process is the Building Registration ID number, it is required that this key conforms to the values resident in the DHCR database. **IMPORTANT: Providers must verify the Building ID and Address by using the Rent Regulated Building Search available on the DHCR website at** https://www1.dhcr.state.ny.us/BuildingSearch/default.aspx **prior to attempting to upload data. Records that do not match will be rejected.**

The Annual Rent Registration Application Instructions should be used in conjunction with this document in order to create a file which ensures all fields contain the data as required by DHCR. The Application Instructions are available on the Rent Registration Information webpage under Instructions https://hcr.ny.gov/rent-registration.

Definitions of Items in Data Upload Instructions ➔

Definitions of some of the terms found in the Data Upload Instructions:

The **Item No.** column relates to the building summary form and the apartment form which are printed from the Annual Rent Registration Online application. For example, **item 1** on the printed building summary form is the building registration ID number**, item 4** on the printed building summary form is the building ZIP code**, item 2** on the printed apartment form is the tenant name field, **item 8a** on the printed apartment form is the legal registered rent field, etc.

Blank Fill is used to indicate when a field should be left justified and filled out to the total number of field size with spaces arrived at by hitting the space bar on the input device.

Enter as shown is used to indicate when the data should be entered exactly as shown. If no data is present, leave the field blank. Do not fill the field with spaces or zeros.

Items required on each record are highlighted in **RED (Required).** Items required **ONLY** if certain fields are entered are highlighted in RED and underlined (Required if).

Rent Roll/Registration Receipt ➔

Upon successful processing by DHCR, users of the Annual Rent Registration system will have the ability to print their own certified rent rolls and registration receipts.

File Specifications ➔

Input to the process will be via electronic media according to the following specifications:

Record Type: Fixed .txt or .sdf files

Record Length: 850

Sort Order: 1. Building Registration ID Number (Positions 2-8) 2. Form Type (Position 1) Each building form type 1 must be followed by all related form type 2 apartments

Naming Conventions for Street Names

Abbreviate all street prefixes and suffixes. See Appendix A – Table of Street Suffix Abbreviations. Street directional names should contain only the initial of the direction.

Enter all numbered street names as a numeric whole number including th, st, nd, rd.

If there is only **one** street number for the address, enter that number in **both the low and high house number fields**.

If the **building has a range address**, enter the low house number in the '**LOW'** house number field and the high house number in the 'HIGH' house number field.

For buildings with multiple lines of addresses, each apartment can contain its' actual street address as long as the address matches the address on file for that building ID.

Address	Building Low House Number	Building High House Number	Building Street Name	Building Street Suffix
245 West 6th Street	245	245	W 6th	St
245 Sixth Street North	245	245	6th	St N
55 to 65 West 25 Street	55	65	W 25th	St
23-10 Jarvis Boulevard	23-10	23-10	Jarvis	Blvd
215 Avenue K	215	215	Avenue K	

Exceptions - In any case where the abbreviation of a street name CHANGES the street name.

Address	Building Low House Number	Building High House Number	Building Street Name	Building Street Suffix
5 South Street	5	5	South	St
6 West Boulevard	6	6	West	Blvd

Naming Conventions for Entering Apartment Numbers in Buildings with a Range Address

The standard for entering apartments in a building with a range address and duplicate apartment numbers is to append the apartment street address in parentheses after the apartment number.

Example: Building range address **401 to 405 W 34th St**

Duplicating apartment numbers should be entered as follows:

1A(401)
1A(403)
1A(405)
1B(401)
1B(403)
1B(405)

Filing Permanently Exempt Apartments

Apartments that **became permanently exempt** since the last registration must be filed as permanently exempt for the **last time** with DHCR on the next annual registration cycle. This filing serves as an "exit" registration and removes the apartment from rent stabilization. No further apartment registrations are required for permanent exempt units.

Naming Conventions for Formatted Names

A. General

1. Truncate characters in excess of the field limits.

2. Drop comma following the last name and period following the middle initial.

3. No spaces allowed in names.

   Exception 1: Last name St or Saint
   Exception 2: First initial followed by full middle name
   Exception 3: Oriental names

4. No special characters allowed except hyphen.

5. Individual names entered in first, middle, last format must be rearranged into last, first, and middle initial, suffix format. **An "I" must be entered to indicate if the owner, managing agent or tenant name is an individual and not a corporation or partnership name.**

6. Corporate and partnership names are entered into last name field and continued into first name and middle initial fields if required due to length of name. **An "O" must be entered to indicate it is a corporate or partnership name and not an individual name.**

7. Full middle names are shortened to initial except for single first initial followed by full middle name (see D below). Full first, middle, and last names enter only first letter of middle name in middle initial field.

8. If the owner name listed in item 6, page 15 does not reside at the address listed in item 7, page 16 enter the IN CARE OF C/O address as the first line in the Owner Street Address 1 field. Proceed to enter the owner street address in the Owner Street Address 2 field.

Naming Conventions for Formatted Names

B. Titles and Joint Names

1. Do not enter Mr., Mrs., Rev., Hon., Rabbi, Sister, etc.

2. Enter joint names as separate tenants.

Exception 1: A woman who uses her husband's name preceded by Mrs. with no given name.

Name		Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Smith, Mr. & Mrs. Harry	Tenant 1:	SMITH	HARRY	
	Tenant 2:	SMITH	MRS HARRY	
Sister Maria Michael Flynn	Tenant 1:	FLYNN	MARIA	M
Mr. and Mrs. John J. Smith	Tenant 1:	SMITH	JOHN	J
	Tenant 2:	SMITH	MRS JOHN	J
Sister Maria Theresa	Tenant 1:	THERESA	MARIA	

Naming Conventions for Formatted Names

C. Two different last names

Enter each name as a separate tenant. Each individual name processed according to conventions.

Names		Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Don Johnson and Barbara Streisand	Tenant 1:	JOHNSON	DON	
	Tenant 2:	STREISAND	BARBARA	
Stevens, Andrew Crosby, Cathy Lee	Tenant 1:	STEVENS	ANDREW	
	Tenant 2:	CROSBY	CATHY	L

D. Initial followed by complete middle name. Enter initial without period, space, full middle name in first name field.

Name	Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Getty, J. Paul	GETTY	J PAUL	
C. Wayne Green	GREEN	C WAYNE	

Naming Conventions for Formatted Names

E. Prefixed Names - Enter as one name except names prefixed by St or Saint, which are entered with a space after the prefix. Enter both as St (without a period).

Name	Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Di Russo, Anthony	DIRUSSO	ANTHONY	
Van Den Hull, A.J.	VANDENHULL	AJ	
Mongo Santa Maria	SANTAMARIA	MONGO	
St. James, Susan	ST JAMES	SUSAN	
Basil Saint John	ST JOHN	BASIL	
O'Brian, Dennis A.	OBRIAN	DENNIS	A

F. Suffixes - Suffixes are entered in the name suffix field.
Accepted suffixes are: two character Roman numerals I through XV (for III enter the number 3), JR, SR.
Do not enter commas, periods, rd, th, etc. Other name suffixes should be appended to the Last Name value.

Name	Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:	Enter Suffix as:
Brown Jr., John S.	BROWN	JOHN	S	JR
Clarence V. Jones III	JONES	CLARENCE	V	3
Tyler, Steven 3rd	TYLER	STEVEN		3
Smith MD, John	SMITH MD	JOHN		

Naming Conventions for Formatted Names

G. Hyphenated Names

Last Name - Enter as one word including hyphen. First Name - enter as one word excluding hyphen.

Name	Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Robinson-Duff, James	ROBINSON-DUFF	JAMES	
Brown, Jo-Anne	BROWN	JOANNE	

H. AKA and c/o (in care of)

Disregard 'Also Known As' names (includes a/k/a, nee, nimi). For C/O (in care of) see Naming Conventions, item 8, page 5.

Name	Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Mary Smith nee Carrolton	SMITH	MARY	
Carol Jones a/k/a Tina Louise	JONES	CAROL	

Naming Conventions for Formatted Names

I. Nicknames

Enter as shown. Omit punctuation.

Exception 1: Parenthetical name appears embedded within name.

Name	Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Waller, 'Fats'	WALLER	FATS	
Randy 'Macho Man' Savage	SAVAGE	RANDY	

J. Spanish Names

If two last names are given, enter both with a hyphen between them. Substitute hyphen for 'de'.

Name		Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Juan Rodrigues Gonzales		RODRIGUES-GONZALES	JUAN	
Maria Lopes de Rodriguez		LOPES-RODRIGUEZ	MARIA	
Perez Martinez, Juan & Maria	Tenant 1:	PEREZ-MARTINEZ	JUAN	
	Tenant 2:	PEREZ-MARTINEZ	MARIA	

Naming Conventions for Formatted Names

K. Asian Names

Enter full name as shown. Accept first name shown as surname unless surname is indicated. Disregard hyphens.

Exception 1: When the first name is a Christian name, enter the Christian name as the given name.

Name	Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Chan Lee Wong	CHAN	LEE WONG	
John Wong Chin	CHIN	JOHN WONG	
Chu Man Foo	CHU	MAN FOO	

L. Partnerships and Corporations

Enter Corporate/Partnership names in last name field, and continue name into first name and middle initial fields as required.

Name	Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
82nd Street Associates	82ND STREET AS	SOCIATES	
Merrill, Lynch, Pierce, Fenner & Smith, Inc.	MERRILL,LYNCH,	PIERCE,FENNER&	S

Naming Conventions for Formatted Names

M. Exempt and Vacant Apartments

1. **For Temporarily and Permanently Exempt units enter the tenant name in Last, First, Middle format.**

Name	Enter Last Name as:	Enter First Name as:	Enter Middle Initial as:
Temp Exempt or Temporarily Exempt **Note**: Must contain a tenant name	SMITH	JOHN	
Perm Exempt or Permanently Exempt **Note**: Must contain a tenant name	DOE	JANE	

2. For **Vacant** units enter an 'X' in the Vacant indicator field. DO NOT enter the word "Vacant" in the tenant name field.

Data Upload Instructions– 2020 and Later **Annual Registration Summary**						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
(none)	Form Type	1	1		X	Constant '1'.
1	**Building Registration ID Number**	**2**	**7**		**X**	**Identification number used by DHCR with a leading zero. Required, right justify.**
2	***BUILDING STREET ADDRESS***: If entering more than one building address all fields that are **required** on the first building street address will also be required on building street address 2 and building street address 3.					The principal address is entered on line 1 with other known addresses on lines 2 and 3. Addresses must be formatted according to the conventions specified on page 3.
2	Low House Number 1	9	8	X		Low house number of the principle building address. **Required**, left justify (e.g. a **range address** of 1 to 8 Main Street: enter 1 in low house number and 8 in high house number).
2	High House Number 1	17	8	X		High house number of the principle building address. If no high house number exists, enter the low house number. **Required**, left justify (e.g., address 8 Main Street, enter 8 in low house number and 8 in high house number).
2	Building Street Name 1	25	25	X		Street name of the principle building address. **Required**, left justify.

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
2	Building Street Suffix 1	50	8	X		Street suffix of the principle building address. Required if building contains a suffix, left justify.
2	Low House Number 2	58	8	X		Low house number of the other known building address. Left justify.
2	High House Number 2	66	8	X		High house number of the other known building address. Left justify.
2	Building Street Name 2	74	25	X		Street name of the other known building address. Left justify.
2	Building Street Suffix 2	99	8	X		Street suffix of the other known building address. Left justify.
2	Low House Number 3	107	8	X		Low house number of the other known building address. Left justify.
2	High House Number 3	115	8	X		High house number of the other known building address. Left justify.
2	Building Street Name 3	123	25	X		Street name of the other known building address. Left justify.
2	Building Street Suffix 3	148	8	X		Street suffix of the other known building address. Left justify.
3	City/Town/Village	156	25	X		City, town or village where building is located. **Required**, left justify.

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
4	ZIP Code	181	9		X	Building ZIP code. Must be numeric 5 or 9 digits. **Required**, left justify, do not zero fill, do not enter dashes.
5	County Code	190	2		X	Two digit numeric code used to identify the county. See Appendix A for valid county codes. **Required**, do not zero fill.
5a	Municipality	192	2		X	Two digit numeric code used to identify the municipality where the building is located. Do not zero fill. Required if county is outside NYC. See Appendix A for list of municipality codes.
6	***OWNER NAME:*** **For a coop enter the corporative corporation name.** **For a condo enter the name of the homeowner's association.**					The owner name as of April 1 is formatted into 3 separate fields. **Names must be formatted according to the conventions specified on page 5. All 30 characters with all embedded spaces must be entered.**
6	Owner Last Name	194	19	X		**Required**, left justify, blank fill. **All 30 characters with all embedded spaces must be entered.**
6	Owner First Name	213	10	X		**Required**, left justify, blank fill. **All 30 characters with all embedded spaces must be entered.**
6	Owner Middle Initial	223	1	X		Enter as shown, blank fill. **All 30 characters with all embedded spaces must be entered.**

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
7	***OWNER'S MAILING ADDRESS:***					Owner's mailing address. Provision is made for up to 3 lines of mailing address. For instructions on entering "in care of" (c/o) see page 5, item 8.
7	Owner Street Address 1	224	40	X		**Required**, enter as shown.
7	Owner Street Address 2	264	40	X		Enter as shown.
7	Owner Street Address 3	304	40	X		Enter as shown.
8	City/Town/Village	344	25	X		City, town, or village of owner's mailing address. **Required**, enter as shown.
9	Owner State	369	2	X		State of owner's mailing address. **Required**, see Appendix A, Table of State Abbreviations.
10	Owner ZIP Code	371	9		X	ZIP code for owner's mailing address. Must be numeric 5 or 9 digits. **Required**, left justify, do not zero fill, do not enter dashes.
11	Owner Phone	380	10		X	Phone number of owner including area code. Do not enter spaces, dashes, or parenthesis. **Required**, do not zero fill.
11	Owner Extension	390	4	X		Provision is made for owner's extension. Enter as shown.
11	Owner Email Address	394	50	X		Enter the owner's email address. **Required**, enter as shown.

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
12	***MANAGING AGENT NAME:***					The managing agent as of April 1. Format using same conventions as owner name, see Item 6 page 15.
12	Managing Agent Last Name	444	19	X		Enter as shown, left justify, blank fill.
12	Managing Agent First Name	463	10	X		Enter as shown, left justify, blank fill.
12	Managing Agent Middle Initial	473	1	X		Enter as shown, blank fill.
13	***MANAGING AGENT MAILING ADDRESS:*** **Required if Managing Agent name is entered.**					Managing agent's mailing address. Provision is made for up to 3 lines of business address. For instructions on entering "in care of" (c/o) see page 5, item 8.
13	Managing Agent Street Address 1	474	40	X		Enter as shown.
13	Managing Agent Street Address 2	514	40	X		Enter as shown.
13	Managing Agent Street Address 3	554	40	X		Enter as shown.
14	City/Town/Village	594	25	X		City, town, or village for managing agent's mailing address. Enter as shown.
15	Managing Agent State	619	2	X		State for managing agent's mailing address. See Appendix A, Table of State Abbreviations.

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
16	Managing Agent ZIP Code	621	9		X	ZIP code for managing agent's mailing address. Must be numeric 5 or 9 digits. Left justify, do not zero fill, do not enter dashes.
17	Managing Agent Phone	630	10		X	Phone number of managing agent including area code. Do not enter spaces, dashes, or parenthesis. Required if Managing Agent is entered. Do not zero fill.
17	Managing Agent Extension	640	4	X		Provision is made for manager's extension. Enter as shown.
17	Managing Agent Email Address	644	50	X		Enter the managing agent's email address if available. Required if Managing Agent is entered. Enter as shown.
18	***BUILDING CLASS:*** **Required, either Class A or Class B must be selected.**					
18	Class 'A' Multiple Dwelling	694	1	X		Enter 'X' if applicable.
18	Class 'B' Multiple Dwelling	695	1	X		Enter 'X' if applicable.

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
18	***BUILDING DESCRIPTION:***					Building categories may be combined except for the following combinations: Garden Complex with Hotel or Single Room Occupancy. Hotel with Garden Complex. Single Room Occupancy with Garden Complex.
18	Hotel	696	1	X		Enter 'X' if applicable.
18	Single Room Occupancy	697	1	X		Enter 'X' if applicable.
18	Garden Apartment Complex	698	1	X		Enter 'X' if applicable.
(none)	Filler	699	20			
18	Coop/Condo	719	1	X		Enter 'X' if applicable.
18	***COOP/CONDO DATES:*** **Required if Coop/Condo is selected.** **If no coop/condo dates, fields can be zero filled or left blank.**					The coop/condo conversion plan portion of item 18 contains the following responses: (a) a non-eviction coop/condo conversion plan was declared effective, or (b) an eviction coop/condo conversion plan was declared effective, or (c) a conversion plan was accepted for filing by the Attorney General's Office. **Only one effective or accepted date should be entered for any of the three plans.** If the plan has been declared effective, give the effective date. Only give the date the plan was accepted for filing if the plan has NOT yet been declared effective.

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
18	Non-Evict Coop/Condo Date	720	8		X	Valid date in MMDDYYYY format with leading zero on month and day if less than 10 (e.g., 04012011).
18	Evict Coop/Condo Date	728	8		X	Valid date in MMDDYYYY format with leading zero on month and day if less than 10 (e.g., 04012011). NOTE: A date of 06/14/2019 or later cannot be entered.
18	Plan Accepted for Filing Date	736	8		X	Valid date in MMDDYYYY format with leading zero on month and day if less than 10 (e.g., 04012011).
(none)	Filler	744	4			
18	***FINANCING PROGRAMS:***					
18	485-x	746	1	X		Only for 2025 and later. Enter 'X' if applicable.
18	467-m	747	1	X		Only for 2025 and later. Enter 'X' if applicable.
18	Section 11-243 or 11-244 (J-51/**J-51R**)	748	1	X		Enter 'X' if applicable.
18	421-a (1 to 15)	749	1	X		Enter 'X' if applicable.
18	Article 11 of PHFL	750	1	X		Enter 'X' if applicable.
18	Section 608 of PHFL	751	1	X		Enter 'X' if applicable.
18	Article 14 & 15	752	1	X		Enter 'X' if applicable.

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
18	Income Restricted Units For 2024 and prior, known as 421-a Income Restricted Units.	753	4		X	Required If 421-a (1 to 15) or 421-a (16) is checked, the total number of Income Restricted and/or Market Rate units must be entered. Enter as shown. Right justify, zero fill.
18	Rent Stabilized Market Rate Units For 2024 and prior, known as 421-a Market Rate Units.	757	4		X	Only for 2025 and later. Entry for Income Restricted Units is Required for 485-x Option A or B buildings and 467-m buildings, which all contain Income Restricted Units. Note: 485-x Option C buildings do not contain Income Restricted Units and entry is not required. Right justify, zero fill. Under specific circumstances, these buildings may contain Rent Stabilized Market Rate Units, which then requires entry for Rent Stabilized Market Rate Units. 485-x Option C buildings all contain Rent Stabilized Market Rate Units and entry is required. Right justify, zero fill. To learn more, refer to the ARRO Application Instructions.

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
18	Other	761	7	X		Only for 2024 and later. Enter appropriate descriptive text. NOTE: If describing a Regulatory Agreement, enter an abbreviation. Most common examples include "**HPD**" for Housing Preservation and Development, "**HDC**" for Housing Development Corporation, "**LIHTC**" for Low Income Housing Tax Credit, "**MIH**" for Mandatory Inclusionary Housing, and "VIH" for Voluntary Inclusionary Housing.
18	421-g	768	1	X		Enter 'X' if applicable.
18	Section 610 of PHFL	769	1	X		Only for 2023 and later. Enter 'X' if applicable.
(none)	Filler	770	1			
18	421-a (16)	771	1	X		Enter 'X' if applicable.
19	***TYPES OF UNITS IN BUILDING ON APRIL 1*** **Required. Every unit in the building must be assigned to one of these four categories. Right justify, zero fill.**					The number of units in the building on April 1 in each category.
19	Stabilized/ETPA/Temporary Exempt/Vacant	772	4		X	Enter the number of units regulated under the Rent Stabilization Law or the Emergency Tenant Protection Act. Includes vacant and temporary exempt apartments.

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
19	Rent Control Apartments	776	4		X	Enter the number of units regulated under New York City or State Rent Control Laws.
19	Permanent Exempt Apartments (includes units not regulated under 421-a (16), 485-x, 467-m)	780	4		X	This includes apartments which became permanently exempt in the current year and ones that were previously permanently exempt.
19	Total Number of Apartments in Building	784	4		X	Total number of Stabilized/ETPA/ Temporary Exempt/Vacant/ and **ALL** Permanently Exempt apartments physically present in the building.
20	Total Number of Apartment Forms Submitted	788	4		X	The number of Apartment Registrations being submitted with the Building Registration.
6	Building Owner Name Suffix	792	2	X		Enter the building owner's name suffix. See Naming Conventions for entering suffixes on page 8, item F.
12	Managing Agent Name Suffix	794	2	X		Enter the managing agent name suffix. See Naming Conventions for entering suffixes on page 8, item F.
6	Owner Name Type	796	1	X		**Required.** Enter "**I**" if owner name in item 6 is an individual name. Enter "**O**" if owner name in item 6 is an organization.
12	Managing Agent Name Type	797	1	X		Enter "**I**" if managing agent name in item 12 is an individual name. Enter "**O**" if managing agent name in item

Data Upload Instructions– 2020 and Later Annual Registration Summary						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
						12 is an organization. **Required if managing agent is entered.**
(none)	Registration Year	798	4		X	**Required.** Enter the four-digit registration year.
(none)	Provider of service identifier	802	6	X		Provider created identifier. Required for RSA files, not required for other ORRA users. Data will not be stored in ORRA.
(none)	Filler	808	8			
(none)	Provider Code	816	5		X	DHCR assigned code which identifies each automated provider of service. **Required**, right justify, zero fill.
(none)	Filler	821	30			

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
(none)	Form Type	1	1		X	Constant '2'.
1	**Building Registration ID Number**	2	7		X	**Identification number used by DHCR with a leading zero. Required, right justify.**
2a	Vacant Indicator	9	1	X		Indicates that the unit is vacant. Enter 'X' if vacant is checked.
2a	***TENANT NAME:*** **Required, including temporary exempt and permanent exempt units (see page 4 for further information on permanent exempt filings). Space is provided for entering the first three tenants listed on the lease.**					
2a	Tenant 1 Last Name Tenant 1 First Name Tenant 1 Middle Initial	10 35 49	25 14 1	X X X		The name of the tenant(s) according to the lease in effect on April 1 formatted according to the conventions described on page 5. Left justify.
2a	Tenant 1 Name Type	479	1	X		Enter **"I"** if tenant name in item 2a is an individual name. Enter **"O"** if tenant name in item 2a is an organization. **Required** if not vacant unit. Enter nothing if vacant.
2a	Tenant 2 Last Name Tenant 2 First Name Tenant 2 Middle Initial	50 75 89	25 14 1	X X X		'Tenant 2' and 'Tenant 3' may contain names of other tenants on the lease. Names must be formatted according to the conventions specified on page 5.
2a	Tenant 3 Last Name Tenant 3 First Name Tenant 3 Middle Initial	90 115 129	25 14 1	X X X		

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
2a	Tenant Name Suffix 1 Tenant Name Suffix 2 Tenant Name Suffix 3	463 465 467	2 2 2	X X X		The suffix of the tenant(s) according to the lease in effect on April 1 formatted according to the conventions described on page 8, item F. Left justify.
2a	Tenant Succeeded to Apartment	130	1	X		Enter 'X' if applicable.
2b	Not-For-Profit **Homeless** Unit	199	1	X		Enter 'X' if applicable. NOTE: This status can be selected only if it was in effect on and after June 14, 2019. Legal rents entered may be the basis for future rent increases if the unit status changes in the future upon the termination of the Not-For-Profit status.
2b	Not-For-Profit **Homeless** Unit Service Provider	484	30	X		Enter appropriate text. NOTE: Required if entry made for "Not-For-Profit Homeless Unit".
3	Apartment Address Street Number	131	8	X		Enter the **street number of the apartment**. Do not enter a range address; enter the actual number where the apartment is located. **Required**, left justify.
3	Apartment Address Street Name	139	25	X		Enter the street name of the apartment. **Required**, left justify. See page 3.
3	Apartment Address Street Suffix	164	8	X		Enter the street suffix of the apartment. **Required**, left justify. See page 3.

Data Upload Instructions – 2020 and Later **Annual Apartment Registration**						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
4	Apartment Number **See page 4 for instructions on how to enter duplicate apartment numbers within the same building.**	172	20	X		The designation of the apartment or room. **Required**. Do not use dashes, # sign, slashes, or spaces. Parentheses are used to differentiate between duplicate apartment numbers within the same building. Acceptable format is apartment number followed by street number in parenthesis; i.e. range address 401 to 405 Main St enter apartments numbers as 1A(401), 1A(403), 1A(405).
7a	***TEMPORARILY EXEMPT APARTMENTS:*** **If apartment is temporarily exempt do not complete Item No. 7B.**					Item 7a is used to indicate that the apartment is temporarily exempt from rent stabilization.
7a	Transient Occupancy in Hotel/SRO	192	1	X		Enter 'X' if applicable.
7a	Other	193	1	X		Indicates other reason for temporary exemption. Enter 'X' if applicable.
7a	Owner Occupied	194	1	X		Enter 'X' if applicable.
7a	Commercial/Professional	195	1	X		Enter 'X' if applicable.
7a	Not-For-Profit (**Non-Homeless**) Unit	196	1	X		Enter 'X' if applicable.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
(none)	Filler	197	2			
7a	Employee	200	1	X		Enter 'X' if applicable.
7b	***PERMANENTLY EXEMPT APARTMENTS:*** **If apartment is permanently exempt since the last registration, enter the date of exemption.**					Item 7b is used to indicate the apartment is permanently exempt from rent stabilization.
7b	Effective Date of Exemption	201	8		X	Date the apartment became permanently exempt from rent stabilization. Valid date in MMDDYYYY format with leading zero on month and day if less than 10 (e.g., 04012011). If date is entered, a reason must be given. If no date of exemption, field can be zero filled or left blank. NOTE: For reasons "High Rent Vacancy" and "High Rent/High Income," a date of 06/14/2019 or later cannot be entered.
7b	***REASON FOR PERMANENT EXEMPTION:*** **If date of exemption is entered, a permanent exempt reason must be selected. If the reason 'High Rent Vacancy' or 'Other' is selected see required entry fields below. You are not required to complete Item No. 7b to Item No. 13.**					
7b	High Rent Vacancy	209	1	X		Enter 'X' if applicable.
7b	High Rent Vacancy/Last Legal Regulated Rent Paid	210	7	X		This is the last legal regulated rent paid since the apartment became permanently exempt due to a high rent vacancy. Do not zero fill. Enter in rent with decimal point (e.g., 400.50). Required if high rent vacancy is selected.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
7b	High Rent/Legal Rent is per Month	217	1	X		Indicates that rent is monthly. Required if rent was paid monthly. Enter 'X' if rent is 'Monthly'. Required if last legal regulated rent is per month.
7b	High Rent/Legal Rent is per Week	218	1	X		Indicates that rent is weekly. Required if rent was paid weekly. Enter 'X' if rent is 'Weekly. Required if last legal regulated rent is per week.
7b	High Rent/High Income	219	1	X		Enter 'X' if applicable.
(none)	Filler	220	1			
7b	Coop/Condo Occupied by Owner or Non-Protected Tenant	221	1	X		Enter 'X' if applicable.
7b	Substantial Building Rehabilitation	222	1	X		Enter 'X' if applicable.
7b	Permanent Exempt Other Indicator	223	1	X		Enter 'X' if applicable.
7b	Permanent Exempt Other Description	224	15	X		Required if Permanent Exempt 'Other' indicator is entered. Left justify.
7b	Sec 11-243 or 11-244 (J-51) Expiration Exemption	239	1	X		Enter 'X' if applicable.
7b	Sec 608 Expiration Exemption	240	1	X		Enter 'X' if applicable.
7b	421-a Expiration Exemption	241	1	X		Enter 'X' if applicable.
7b	421-a(16) Market Rate Threshold Exemption	242	1	X		Only for 2024 and later. Enter 'X' if applicable.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
(none)	Filler	243	1			
8a	421-a	244	1	X		Only for 2025 and forward. Enter 'X' if applicable. Only enter one between 421-a, 485-x, and 467-m.
8a	485-x	245	1	X		Only for 2025 and forward. Enter 'X' if applicable. Only enter one between 421-a, 485-x, and 467-m.
8a	467-m	246	1	X		Only for 2025 and forward. Enter 'X' if applicable. Only enter one between 421-a, 485-x, and 467-m.
8a	Rent Stabilized Market Rate Unit For 2024 and prior, known as 421-a Market Rate Unit.	247	1	X		Enter 'X' if applicable. For 2025 and forward, requires entry between 421-a, 485-x, and 467-m.
8a	Income Restricted Unit For 2024 and prior, known as 421-a Income Restricted Unit.	248	1	X		Enter 'X' if applicable. For 2025 and forward, requires entry between 421-a, 485-x, and 467-m.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
8a	Area Median Income % For 2024 and prior, known as 421-a Area Median Income %.	249	3		X	Required if apartment is an income restricted apartment. Do not zero fill. Enter as shown. Field can be either right or left justified. For 2025 and forward, requires entry between 421-a, 485-x, and 467-m.
8a	**Legal** Regulated Rent on April 1	252	8	X		This is the authorized rent as of April 1. Required if not a permanently exempt unit, do not zero fill. Enter rent with decimal point (e.g., 400.50).
8a	**Legal** Regulated Rent is per Month	260	1	X		Required if Legal Regulated Rent is monthly. Enter 'X' if rent is 'Monthly'.
8a	**Legal** Regulated Rent is per Week	261	1	X		Required if Legal Regulated Rent is weekly. Enter 'X' if rent is 'Weekly.
8b	**Preferential** Rent Paid on April 1	469	8	X		Enter **only** if less than Legal Regulated Rent. If entered, should be a number with 2 decimal places. Do not zero fill. Do not fill in if blank. NOTE: Effective June 14, 2019, tenants that are paying a preferential rent retain the preferential rent for the life of the tenancy and it is subject to all lawful rent increases.

Data Upload Instructions – 2020 and Later **Annual Apartment Registration**						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
8b	**Preferential** Rent Paid is per Month	477	1	X		Required if Preferential Rent Paid is monthly. Enter 'X' if rent is 'Monthly'.
8b	**Preferential** Rent Paid is per Week	478	1	X		Required if Preferential Rent Paid is weekly. Enter 'X' if rent is 'Weekly'.
9	**Actual** Rent Paid on April 1	262	8	X		Enter **Actual** Rent Paid **only** if different than Legal Regulated and Preferential Rent Paid. If entered, should be a number with 2 decimal places. Do not zero fill. Do not fill in if blank.
9	**Actual** Rent Paid is per Month	270	1	X		Required if Actual Rent Paid is monthly. Enter 'X' if rent is 'Monthly'.
9	**Actual** Rent Paid per Week	271	1	X		Required if Actual Rent Paid is weekly. Enter 'X' if rent is 'Weekly.
9	***OTHER ADJUSTMENTS:***					Item 9 indicates the reasons for other adjustments which cause a difference between Legal Regulated Rent and Actual Rent. Required if "Other" is checked off, the reason must be indicated in "Other Description".
9	SCRIE	272	1	X		Enter 'X' if applicable.
9	DHCR Rent Reduction Order	273	1	X		Enter 'X' if applicable.
9	Section 8	274	1	X		Enter 'X' if applicable.
(none)	Filler	275	1			

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
9	Other	276	1	X		The rent paid by the tenant is different due to a reason other than those provided. Enter 'X' if applicable.
9	Other Description	277	30	X		Required if "Other" is selected. Enter description for "other". NOTE: If the reason for difference is due to a Regulatory Agreement that has set rent amounts, enter a short description of the agreement. This description should be the same as the description entered for Field Position 761 for Financing Programs of the building.
9	Appliance Surcharge	307	1	X		Enter 'X' if applicable.
9	DRIE	308	1	X		Enter 'X' if applicable.
9	PHFL 610 Rental Assistance	309	1	X		Only for 2023 and later. An "X" in field position 769 of Building Record is required (Item No. 18 Building Description "Section 610 of PHFL"). Enter 'X' if applicable.
(none)	Filler	310	42			
10	No Lease Indicator	352	1	X		Indicates that there is no lease in effect. Enter 'X' if applicable.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
10	Lease in effect April 1 Start Date	353	8		X	Beginning date for lease in effect April 1 for tenant(s) in item 2. Enter a valid date in MMDDYYYY format with leading zero on month and day if less than 10 (e.g., 04012011). Required if the No Lease Indicator is NOT checked. If no lease, field can be zero filled or left blank.
10	Lease in effect April 1 Expiration Date	361	8		X	Expiration date for lease in effect April 1 for tenant(s) in item 2. Enter a valid date in MMDDYYYY format with leading zero on month and day if less than 10 (e.g., 04012011). Required if the No Lease Indicator is NOT checked. If no lease, field can be zero filled or left blank.
11	***RENT CHANGES SINCE LAST YEAR:***					
11	Second Succession	369	1	X		Enter 'X' if applicable.
11	Lease Renewal	370	1	X		Enter 'X' if applicable.
11	Vacancy Lease	371	1	X		Enter 'X' if applicable.
11	421-A surcharge (2.2)%	372	1	X		Enter 'X' if applicable.
(none)	Filler	373	1			
12	***RENT CHANGES WITH DHCR ORDER SINCE LAST REGISTRATION YEAR:***					
12	Major Capital Improvements	378	1	X		Enter 'X' if applicable.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
12	Hardship Order	379	1	X		Enter 'X' if applicable.
12	Fair Market Rent Appeal Order	380	1	X		Enter 'X' if applicable.
12	Rent Overcharge	381	1	X		Enter 'X' if applicable.
(none)	Filler	382	1			
13	***INDIVIDUAL APARTMENT IMPROVEMENTS (IAI) SINCE LAST REGISTRATION YEAR (1 of 2):***					
13	IAI 1 Notification Submitted to DHCR	374	1	X		Enter 'Y' if it was submitted or 'N' if not submitted. Required if IAI 1 Effective Date is entered. See IAI 1 Effective Date Instructions for more information.
13	IAI 1 Informed Consent Submitted to DHCR	375	1	X		Enter 'Y' if it was submitted or 'N' if not submitted. Required if IAI 1 Effective Date is entered. See IAI 1 Effective Date Instructions for more information.
13	IAI 1 Increase Effective Date (Date of First Collection)	387	6		X	If an increase is entered, date of the increase is required in MMYYYY format with leading zero of month if less than 10 (e.g., 042011). Field can be zero filled or left blank.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
						NOTE: If the Increase Effective Date is 6/14/2019 or later, 'Y' or 'N' entries for Notification/Informed Consent Submitted to DHCR are Required. If the Increase Effective Date is 6/13/2019 or prior, make no entries for Notification/ Informed Consent Submitted to DHCR.
13	IAI 1 Day Value for Increase Effective Date	383	2	X		If an increase is entered, day of the increase is required in DD format with leading zero of day if less than 10 (e.g., 04). Field can be zero filled or left blank. Entry Required if the IAI 1 Increase Effective Date is 06/14/2019 or later.
13	IAI 1 Total Cost	514	12	X		Total cost of IAI. Amount should be a number with 2 decimal places, enter decimal point. Left justify. If only cents, the decimal must be preceded with a zero (e.g., 0.18). Required if increase effective date is entered. Do not zero fill.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
13	IAI 1 Notification/Informed Consent Submission Date	778	8	X		If the Notification, with the Informed Consent when applicable, is submitted to DHCR, the date of the submission is required in MMDDYYYY format with leading zero of month if less than 10 (e.g., 04052011). Field can be zero filled or left blank. NOTE: Required if IAI 1 Increase Effective Date is 06/14/2019 or later and 'Y' entered for Notification/Informed Consent submitted to DHCR.
13	IAI 1 Monthly Rent Increase	393	7	X		Monthly increase to Legal Regulated rent charge. Amount should be a number with 2 decimal places, enter decimal point. Left justify. If only cents, the decimal must be preceded with a zero (e.g., 0.18). Required if increase effective date is entered. Do not zero fill.
13	***IAI 1 REASON FOR RENT INCREASE: Required if Increase Effective Date and Monthly Rent Increase are entered.***					
13	Reason for Increase/Stove	400	1	X		Enter 'X' if applicable.
13	Reason for Increase/Refrigerator	401	1	X		Enter 'X' if applicable.
13	Reason for Increase/Dishwasher	402	1	X		Enter 'X' if applicable.
13	Reason for Increase/A/C	403	1	X		Enter 'X' if applicable.
13	Reason for Increase/Windows	404	1	X		Enter 'X' if applicable.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
13	Reason for Increase/Other Description	405	20	X		Enter the reason for rent change other than those specifically listed in item 13.
13	***INDIVIDUAL APARTMENT IMPROVEMENT (IAI) SINCE LAST REGISTRATION YEAR (2 of 2):***					
13	IAI 2 Notification Submitted to DHCR	376	1	X		Enter 'Y' if it was submitted or 'N' if not submitted. Required if IAI 2 Effective Date is entered. See IAI 2 Effective Date Instructions for more information.
13	IAI 2 Informed Consent Submitted to DHCR	377	1	X		Enter 'Y' if it was submitted or 'N' if not submitted. Leave Blank if the Effective Date of the IAI 2 Increase is 6/13/2019 or prior. Required if IAI 2 Effective Date is entered. See IAI 2 Effective Date Instructions for more information.
13	IAI 2 Increase Effective Date (Date of First Collection)	425	6		X	If an increase is entered, date of the increase is required in MMYYYY format with leading zero of month if less than 10 (e.g., 042011). Field can be zero filled or left blank. NOTE: If the Increase Effective Date is 6/14/2019 or later, 'Y' or 'N' entries for Notification/Informed Consent Submitted to DHCR are Required.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
						If the Increase Effective Date is 6/13/2019 or prior, make no entries for Notification/ Informed Consent Submitted to DHCR.
13	IAI 2 Day Value for Increase Effective Date (Date of First Collection)	385	2	X		If an increase is entered, day of the increase is required in DD format with leading zero of day if less than 10 (e.g., 04). Field can be zero filled or left blank. Entry Required if the IAI 2 Increase Effective Date is 06/14/2019 or later.
13	IAI 2 Total Cost	526	12	X		Total cost of IAI. Amount should be a number with 2 decimal places, enter decimal point. Left justify. If only cents, the decimal must be preceded with a zero (e.g., 0.18). Required if increase effective date is entered. Do not zero fill.
13	IAI 2 Notification/Informed Consent Submission Date	786	8	X		If the Notification, with the Informed Consent when applicable, is submitted to DHCR, the date of the submission is required in MMDDYYYY format with leading zero of month if less than 10 (e.g., 04052011). Field can be zero filled or left blank. NOTE: Required if IAI 2 Increase Effective Date is 06/14/2019 or later and 'Y' entered for Notification/Informed Consent submitted to DHCR.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
13	IAI 2 Monthly Rent Increase	431	7	X		Monthly increase to Legal Regulated rent charge. Amount should be a number with 2 decimal places, enter decimal point. Left justify. If only cents, the decimal must be preceded with a zero (e.g., 0.18). Required if increase effective date is entered. Do not zero fill.
13	***IAI 2 REASON FOR RENT INCREASE:*** ***Required if Increase Effective Date and Monthly Rent Increase are entered.***					
13	Reason for Increase/Stove	438	1	X		Enter 'X' if applicable.
13	Reason for Increase/Refrigerator	439	1	X		Enter 'X' if applicable.
13	Reason for Increase/Dishwasher	440	1	X		Enter 'X' if applicable.
13	Reason for Increase/A/C	441	1	X		Enter 'X' if applicable.
13	Reason for Increase/Windows	442	1	X		Enter 'X' if applicable.
13	Reason for Increase/Other Description	443	20	X		Enter the reason for rent change other than those specifically listed in item 13.
(none)	Filler	480	4			
14	***OWNER/MANAGING AGENT:***					
14	Coop/Condo Owner Name Type	538	1	X		**Enter "I"** if coop/condo owner name in item 14 is an **individual** name. **Enter "O"** if coop/condo owner name in item 14 is an **organization**.

Data Upload Instructions – 2020 and Later **Annual Apartment Registration**						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
14	Apartment Contact Person Entry of the Apartment Contact Person is **required** for all apartments.	539	1		X	The contact person for the apartment. **Required.** **Enter "1"** if it is the owner. **Enter "2"** if it is the managing agent. **Enter "3"** if it is a coop/condo owner.
14	***COOP/CONDO OWNER NAME:*** **Required only if Apartment Contact Person name type is "3"**					The Coop/Condo Owner name as of April 1. Names must be formatted according to the conventions specified on page 4. The following Coop/Condo fields should only be entered when Apartment Contact Person is a "3".
14	Coop/Condo Owner Last Name	540	19	X		Required if Apartment Contact Person is a "3" (coop/condo owner). Left justify.
14	Coop/Condo Owner First Name	559	10	X		Required if Apartment Contact Person is a "3" (coop/condo owner). Left justify.
14	Coop/Condo Owner Middle Initial	569	1	X		Middle initial of the individual owner of the coop/condo.
14	Coop/Condo Owner Street Address 1	570	40	X		At least one line of address is required if Apartment Contact Person is a "3" (coop/condo owner). Enter as shown.
14	Coop/Condo Owner Street Address 2	610	40	X		
14	Coop/Condo Owner Street Address 3	650	40	X		
14	Coop/Condo Owner City/Town/ Village	690	25	X		City, town, or village for Coop/ Condo owner's address. Required if Apartment Contact Person is a "3" (coop/condo owner). Enter as shown.

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
14	Coop/Condo Owner State	715	2	X		State for Coop/Condo owner's address. Use 2 character abbreviation see Appendix A, Table of State Abbreviations. Required if Apartment Contact Person is a "3" (coop/condo owner).
14	Coop/Condo Owner ZIP Code	717	9		X	ZIP code for Coop/Condo owner's address. Required if Apartment Contact Person is a "3" (coop/condo owner). Must be 5 or 9 digits. Left justify, do not zero fill, do not enter dashes.
14	Coop/Condo Owner Name Suffix	726	2	X		The suffix of the coop/condo owner name in effect on April 1 formatted according to the conventions described on page 8, item F. Left justify.
14	Coop/Condo Owner Email Address	728	50	X		Enter the coop/condo owner's email address if available. Required if Apartment Contact Person is a "3" (coop/condo owner). Enter as shown.
(none)	Filler	794	4			
(none)	Registration Year	798	4		X	Enter the four digit registration year. Required.
(none)	Provider of service identifier	802	6	X		Provider created identifier. Required for RSA files, not required for other ORRA users. Data will not be stored in ORRA

Data Upload Instructions – 2020 and Later Annual Apartment Registration						
Item No.	**Item Name**	**Field Position**	**Size**	**Alpha/ Num**	**Num**	**Instructions**
(none)	Filler	808	8			
(none)	Provider Code (DHCR)	816	5		X	DHCR assigned code which identifies each automated provider of service. **Required**, right justify, zero fill.
(none)	Filler	821	30			

Appendix A

Table of State Abbreviations					
Alabama	AL	Louisiana	LA	Oklahoma	OK
Alaska	AK	Maine	ME	Oregon	OR
Arizona	AZ	Maryland	MD	Pennsylvania	PA
Arkansas	AR	Massachusetts	MA	Puerto Rico	PR
California	CA	Michigan	MI	Rhode Island	RI
Colorado	CO	Minnesota	MN	South Carolina	SC
Connecticut	CT	Mississippi	MS	South Dakota	SD
Delaware	DE	Missouri	MO	Tennessee	TN
Dist of Columbia	DC	Montana	MT	Texas	TX
Florida	FL	Nebraska	NE	Utah	UT
Georgia	GA	Nevada	NV	Vermont	VT
Hawaii	HI	New Hampshire	NH	Virginia	VA
Idaho	ID	New Jersey	NJ	Virgin Islands	VI
Illinois	IL	New Mexico	NM	Washington	WA
Indiana	IN	New York	NY	West Virginia	WV
Iowa	IA	North Carolina	NC	Wisconsin	WI
Kansas	KS	North Dakota	ND	Wyoming	WY
Kentucky	KY	Ohio	OH		

Table of County Codes			
NYC Counties	Code	Counties Outside NYC	Code
Bronx	60	Nassau	28
Kings or Brooklyn	61	Rockland	39
New York or Manhattan	62	Westchester	55
Queens	63	Ulster	51
Richmond or Staten Island	64	Orange	33

Table of Municipality Codes									
Nassau County	Code	Westchester County	Code	Rockland County	Code	Ulster County	Code	Orange County	Code
North Hempstead	11	New Rochelle	21	Spring Valley	31	Kingston	93	Newburgh	40
Floral Park	12	Yonkers	22	Haverstraw	32				
Long Beach	13	Mamorneck (Village)	23						
Thomaston	14	Greenburgh	24						
Great Neck Plaza	15	Harrison	25						
Great Neck	16	Mt. Vernon	26						
Mineola	17	Larchmont	27						
Rockville Center	18	White Plains	28						
Cedarhurst	19	Tarrytown	29						
Freeport	51	Mamaroneck (Town)	30						
Lynbrook	52	Croton-On-Hudson	60						
Baxter Estates	53	Eastchester/Bronxville	61						
Flower Hill	54	Hasting-On-Hudson	62						
Russell Gardens	55	Mt. Kisco	63						
Glen Cove	57	Pleasantville	64						
Great Neck Estates	59	Port Chester	65						
Roslyn	91	Dobbs Ferry	66						
Hempstead	92	Irvington-On-Hudson	67						
		North Tarrytown	68						
		Ossining	70						

Appendix A – Table of Street Suffix Abbreviations											
Alley	**ALY**	Crescent	**CRES**	Green	**GRN**	Meadow	**MDW**	Ridges	**RDGS**	Valley	**VLY**
Annex	**ANX**	Crest	**CRST**	Greens	**GRNS**	Meadows	**MDWS**	River	**RIV**	Valleys	**VLYS**
Arcade	**ARC**	Crossing	**XING**	Grove	**GRV**	Mews	**MEWS**	Road	**RD**	Viaduct	**VIA**
Avenue	**AVE**	Crossroad	**XRD**	Groves	**GRVS**	Mill	**ML**	Roads	**RDS**	View	**VW**
Bayou	**BYU**	Crossroads	**XRDS**	Harbor	**HRB**	Mills	**MLS**	Route	**RTE**	Views	**VWS**
Beach	**BCH**	Curve	**CURV**	Harbors	**HRBS**	Mission	**MSN**	Row	**ROW**	Village	**VLG**
Bend	**BND**	Dale	**DL**	Haven	**HVN**	Motorway	**MTWY**	Rue	**RUE**	Villages	**VLGS**
Bluff	**BLF**	Dam	**DM**	Heights	**HTS**	Mount	**MT**	Run	**RUN**	Ville	**VL**
Bluffs	**BLFS**	Divide	**DV**	Highway	**HWY**	Mountain	**MTN**	Shoal	**SHL**	Vista	**VIS**
Bottom	**BTM**	Drive	**DR**	Hill	**HL**	Mountains	**MTNS**	Shoals	**SHLS**	Walk[s]	**WALK**
Boulevard	**BLVD**	Drives	**DRS**	Hills	**HLS**	Neck	**NCK**	Shore	**SHR**	Wall	**WALL**
Branch	**BR**	Estate	**EST**	Hollow	**HOLW**	Orchard	**ORCH**	Shores	**SHRS**	Way	**WAY**
Brook	**BRK**	Estates	**ESTS**	Inlet	**INLT**	Oval	**OVAL**	Skyway	**SKWY**	Ways	**WAYS**
Brooks	**BRKS**	Expressway	**EXPY**	Island	**IS**	Overpass	**OPAS**	Slip	**SLIP**	Well	**WL**
Burg	**BG**	Extension	**EXT**	Islands	**ISS**	Park(s)	**PARK**	Spring	**SPG**	Wells	**WLS**
Burgs	**BGS**	Extensions	**EXTS**	Isle	**ISLE**	Parkway(s)	**PKWY**	Springs	**SPGS**		
Bypass	**BYP**	Fall	**FALL**	Junction	**JCT**	Passage	**PSGE**	Spur[s]	**SPUR**		
Camp	**CP**	Falls	**FLS**	Junctions	**JCTS**	Path	**PATH**	Square	**SQ**		
Canyon	**CYN**	Ferry	**FRY**	Key	**KY**	Pike	**PIKE**	Squares	**SQS**		
Cape	**CPE**	Field	**FLD**	Keys	**KYS**	Pine	**PNE**	Station	**STA**		
Causeway	**CSWY**	Fields	**FLDS**	Knoll	**KNL**	Pines	**PNES**	Stravenue	**STRA**		
Center	**CTR**	Flat	**FLT**	Knolls	**KNLS**	Place	**PL**	Stream	**STRM**		
Centers	**CTRS**	Flats	**FLTS**	Lake	**LK**	Plain	**PLN**	Street	**ST**		
Circle	**CIR**	Ford	**FRD**	Lakes	**LKS**	Plains	**PLNS**	Streets	**STS**		
Circles	**CIRS**	Fords	**FRDS**	Land	**LAND**	Plaza	**PLZ**	Summit	**SMT**		
Cliff	**CLF**	Forest	**FRST**	Landing	**LNDG**	Point	**PT**	Terrace	**TER**		
Cliffs	**CLFS**	Forge	**FRG**	Lane	**LN**	Points	**PTS**	Throughway	**TRWY**		
Club	**CLB**	Forges	**FRGS**	Light	**LGT**	Port	**PRT**	Trace	**TRCE**		
Common	**CMN**	Fork	**FRK**	Lights	**LGTS**	Ports	**PRTS**	Track	**TRAK**		
Corner	**COR**	Forks	**FRKS**	Loaf	**LF**	Prairie	**PR**	Trafficway	**TRFY**		
Corners	**CORS**	Fort	**FT**	Lock	**LCK**	Radial	**RADL**	Trail	**TRL**		
Course	**CRSE**	Freeway	**FWY**	Locks	**LCKS**	Ramp	**RAMP**	Trailer	**TRLR**		
Court	**CT**	Garden	**GDN**	Lodge	**LDG**	Ranch	**RNCH**	Tunnel	**TUNL**		
Courts	**CTS**	Gardens	**GDNS**	Loop	**LOOP**	Rapid	**RPD**	Turnpike	**TPKE**		
Cove	**CV**	Gateway	**GTWY**	Mall	**MALL**	Rapids	**RPDS**	Underpass	**UPAS**		
Coves	**CVS**	Glen	**GLN**	Manor	**MNR**	Rest	**RST**	Union	**UN**		
Creek	**CRK**	Glens	**GLNS**	Manors	**MNRS**	Ridge	**RDG**	Unions	**UNS**		