

Apartment Registration Form

Submit completed form by faxing to (917) 637-7378 or emailing to OORintake@dhs.nyc.gov.*
*This mailbox is not set up to respond to messages. Please contact the Customer Service Center at (212) 607-5310 to speak to a representative.

1. Program Information

a) Check One:

Advantage NY Flip or Transfer - *new apartment* Flip or Transfer - *existing apartment* Other/unknown

b) Is this unit being offered through the Department of Homeless Services shelter system or the Human Resources Administration shelter system?

DHS Shelter System HRA Shelter System TBD Unknown

c) Do you have a potential tenant linked to this apartment? Yes No Tenant Name (if known): _____

2. Building Information

Borough: _____ Block #: _____ Lot #: _____ Zip Code: _____

Building Address: _____ # of Units in Bldg: _____

AKA _____

Is the unit rent controlled or rent stabilized? No Yes

3. Unit Information

Unit #: _____ Floor: _____ # Rooms: _____ # Bedrooms: _____

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4. Landlord Information

Please note, legal ownership will be verified prior to lease signing.

Landlord First/Last Name: _____ Tax ID #: _____

Landlord Legal Name as Listed as Deed Owner(s): _____

Landlord Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____@_____

5. Real Estate Broker Information (if applicable)

License Name: _____ License #: _____

Broker Name: _____

Business Name: _____

Business Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____@_____

Alt. Phone #: _____ Fax #: _____

6. Inspection Contact Information

Check One: Landlord Broker Other *If other, please complete contact information below:*

Contact Name: _____

Phone #: _____ Email: _____@_____

Alt. Phone #: _____