

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

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 #: _____