

The City of New York  
**DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT**  
Office of Rent and Housing Maintenance  
Division of Code Enforcement  
**PRELIMINARY REGISTRATION FORM FOR PROPERTY TRANSFERS**

NOTE: Please use this form to indicate the name and address of a party responsible for the property: HPD will use this information to forward a Property Registration Form.

<b>1. PROPERTY ADDRESS</b> House No.                      Street Name                      Borough	<b>Multiple Dwelling Registration Number</b>

<b>2. RESPONSIBLE PARTY INFORMATION individual or entity responsible for the property</b> Indicate the relationship of the Responsible Party to the property by checking the appropriate box. <input type="checkbox"/> Individual Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Executor <input type="checkbox"/> Man. Agent <input type="checkbox"/> Other _____ <span style="float: right;">(specify)</span>						
<b>Responsible Party:</b> First                      M.I.                      Last						<b>Title</b>
<b>Bldg. No. (BUSINESS)</b>	<b>Street Name</b>	<b>Suite/Rm.</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone/Ext.</b> (      )
<b>House No.(RESIDENCE)</b>	<b>Street Name</b>	<b>Apt.</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone</b> (      )
<b>Corporation/Partnership Name (If Applicable)</b>						<b>Tax ID Number</b>

<b>3. Signature Section Sign and date this form only if you are the Responsible Party listed above. Indicate the capacity in which you are signing.</b>	
I am signing in my capacity as (check the appropriate box): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Receiver <input type="checkbox"/> Executor <input type="checkbox"/> Man. Agent <input type="checkbox"/> Other _____ <span style="float: right;">(specify)</span>	
SIGNATURE _____	DATE _____

**INSTRUCTIONS FOR PRELIMINARY REGISTRATION FORM FOR PROPERTY TRANSFERS**

Owners of multiple dwellings in the City of New York are required by the NYC Housing Maintenance Code to register their properties with the Department of Housing Preservation and Development (HPD). Failure to register is a violation of the law and may subject owners to fines up to \$500 and criminal penalties. In addition, failure to register may deter the Owner of Managing Agent from bringing certain actions before the NYC Housing Court, including those for non-payment of rent and recovery of possession.

When completing the Preliminary Registration Form for Property Transfers, type or print in block numbers and letters using black or blue ink only. When providing addresses, do not use post office box numbers. Please note, only one property may be reported on this form. After completing the form, sign and date where required and **submit it to the Office of the City Register when you record your deed.**

If you need help completing this form, please telephone the Registration Assistance Unit at (212) 240-7650. Monday through Friday between 9:15 A.M. and 4:45P.M.

**SECTION-BY-SECTION INSTRUCTIONS**

**1. PROPERTY ADDRESS**

Enter the House Number, Street Name and Borough of the property. Include the Multiple Dwelling Registration (MDR) Number. This number has been assigned by HPD. If the MDR Number is not known, print "UNKNOWN" or call the Registration Assistance Unit at (212) 240-7560 to obtain the MDR Number.

**2. RESPONSIBLE PARTY INFORMATION**

The Responsible Party is the individual or entity responsible for the property.

Indicate the relationship of the Responsible Party to the property by checking the appropriate box.

Enter the name of the Individual Owner, Corporate Officer, Partner, Managing Agent, etc. (as applicable). Also enter business (where business related to the property is conducted) and home addresses and telephone numbers. When providing addresses, do not use post office box numbers.

If applicable, enter the Corporation or Partnership name and Tax Identification Number.

**3. SIGNATURE SECTION**

Sign and date this form only if you are the Responsible Party listed in Section 2. Indicate the capacity in which you are signing by checking the appropriate box.

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Preliminary Registration