

**Apartment Registration Form**

Submit completed form by faxing to (917) 637-7378 or emailing to [OORintake@dhs.nyc.gov](mailto: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 #: \_\_\_\_\_