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**REQUEST FOR NARRATIVE STATEMENT
CERTIFICATION FOR CO-OP/CONDO
OWNERSHIP**

Date: _____

IMD Premises Address: _____ IMD No. _____

Contact:
(Name, address and phone number of
Coop/Condo's President, managing Agent, or
Other Authorized Representative.)

Name: _____

Address: _____

Phone Number: _____
(Please print clearly)

Title of Representative _____

OWNERS' CERTIFICATION

I hereby certify that I am the owner of an IMD unit in the above-referenced premises and I use the IMD unit as my residence. I request the Loft Board to issue a narrative statement certification pursuant to 29 RCNY §2-01(d)(2).

Signature of Owner or Authorized Representative

OCCUPANTS OF IMD UNITS CERTIFICATION AND WAIVER

I hereby certify:

1. that I reside in an IMD unit in the above-referenced premises, and
2. to the extent I have a right to participate in the narrative statement process under 29 RCNY §2-01(d)(2), I hereby waive that right.

Every IMD unit must be accounted for

Unit#	Residential Occupant's Name (Please print)	Signature	State type of residential occupant: Owner or Non-owner

Attach additional sheets to list more unit occupants as needed.

Number of additional sheets that are attached: _____

This document will not be accepted for filing with the Loft Board unless the building is currently registered. All units remaining residential must continue to be registered until the building is removed from the Loft Board's jurisdiction by Loft Board order.
