NYC Department of Finance

COOPERATIVE PROPERTY TAX ABATEMENT INITIAL APPLICATION & RENEWAL FORM

We encourage you to file online at www.nyc.gov/ccrenewal. If you file online, you do not need to complete this form. Online filing is faster and easier, and your application will be processed more quickly.

If you must file by mail, you can submit this form per the instructions below.

Deadline: February 15 (or the next business day if this falls on a weekend or holiday)

OVERVIEW

All cooperative boards and managing agents must submit this form on behalf of the entire development to apply for or renew their developments' Cooperative and Condominium Property Tax Abatement. You must also use this form to notify the Department of Finance of any changes to the ownership or eligibility of cooperative units that took effect on or before January 5 of the current tax year, if those changes are not reflected in the annual cooperative breakdown report. (Do not use this form to report changes that took effect after January 5 of the current tax year.

Be sure to complete this form accurately, as ownership and eligibility changes reported here may affect the owners' eligibility for other exemptions and abatements.

All other co-op/condo abatement forms—including the Trust Certification Form and Managing Agent Contract Form—are available at www.nyc.gov/ccabatement.

INSTRUCTIONS

1. In Section A, indicate whether you are applying for the first time or renewing the abatement.
2. Complete the contact information in Section B and have one officer or managing agent sign the form attesting to the changes for each owner.
3. Read the Prevailing Wage Affidavit requirement in Section C. Answer the question and submit the affidavit or opt-out form, if applicable.
4. Use Section D to report any changes or updates. All fields must be completed for your form to be processed.
5. Mail your completed form to: NYC Department of Finance, Co-op/Condo Abatement, P.O. Box 311, Maplewood, NJ 07040-0311

SECTION A: APPLICATION TYPE

☐ I am applying for the co-op abatement for **the first time** (initial application).

☐ I am reporting **eligibility or ownership changes** to one or more units.

☐ I am renewing the abatement and have **no changes to report.** (By checking this box, you are confirming that there have been no primary residency or ownership changes, unit mergers, or changes in unit type, such as residential to commercial.)

SECTION B: CONTACT INFORMATION & AFFIRMATION

I affirm that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that I am required to obtain primary residency information from unit owners or shareholders, who are responsible for verifying the accuracy of that information. I also understand that the willful making of any false statement of material fact herein will subject me to the provisions of the law relevant to the making and filing of false instruments and will render this application null and void. I agree to comply with and be subject to the rules issued by the Department of Finance pursuant to Real Property Tax Law Section 467-a.

DEVELOPMENT NAME		
DEVELOPMENT ADDRESS		
DEVELOPMENT NUMBER (AS LISTED ON THE CO-OP TAX BENEFITS LETTER)		
EMPLOYER IDENTIFICATION NUMBER (EIN) ENTER THE COOPERATIVE'S EMPLOYER IDENTIFICATION NUMBER	IS THE COOPERATIVE SELF-MANAGED? ☐ YES ☐ NO	
AGENCY NAME	CONTACT NAME	
OFFICER/AGENT ADDRESS (ALL CORRESPONDENCE WILL BE SENT TO THE ADDRESS PROVIDED BELOW.)		
SIGNATURE OF OFFICER	PRINT NAME	
TITLE OF OFFICER	DATE SIGNED	TELEPHONE NUMBER
MANAGING COMPANY / SELF-MANAGED PROPERTY	EMAIL ADDRESS	
ADDRESS		

DEVELOPMENT INFORMATION

In this section, provide information for the entire cooperative development. Information should be accurate as of January 5 of the current tax year.

1. PARCEL IDENTIFICATION: Enter the borough, block, and lot, building address, and the total residential and commercial units for the development in the lines provided below. If the co-op has more than three blocks, please use additional sheets.
   Borough codes are: Manhattan - 1, Bronx - 2, Brooklyn - 3, Queens - 4, Staten Island - 5.

BOROUGH	BLOCK	LOT	BUILDING ADDRESS	TOTAL RESIDENTIAL UNITS	TOTAL COMMERCIAL UNITS

2. Total Number of Buildings in the Development: _____
3. Total Number of Units in the Development: _____
   Enter the total number of residential units in 3a, the number of residential units controlled by the sponsor or successors in interest in 3b, the total number of commercial units in 3c, and the grand total in 3d. If there are no sponsor-controlled or commercial units, enter zero. In order to qualify as residential, a unit must be used for residential purposes only. If there are no shares allocated to a superintendent's apartment, do not include it in the total number of units.

   a. Residential Units/Shares Units____ Shares____

   b. Residential Units/Shares Owned by Sponsor Units____ Shares____

   c. Commercial Units/Shares Units____ Shares____

   d. Total Units/Shares Units____ Shares____

SECTION C: PREVAILING WAGE AFFIDAVIT REQUIREMENT

A Prevailing Wage Affidavit must be filed for properties that have 30 or more dwelling units and an average assessed unit value of more than $60,000, or that have less than 30 dwelling units and an average assessed unit value of more than $100,000. Such properties must file the prevailing wage affidavit to qualify for the Cooperative and Condominium Property Tax Abatement.

"Prevailing wage" means the rate of wages and supplemental benefits paid in the locality to building service workers in the same trade or occupation and determined annually by the New York City Comptroller's Office in accordance with the provisions of Section 234 of the labor law.

After reviewing the information above, choose one of the following:

- ☐ Our development is not required to file the Prevailing Wage Affidavit.
- ☐ Our development is required to file the Prevailing Wage Affidavit. We will complete and submit the affidavit that is located on page 7 of this application.
- ☐ Our development is required to file the Prevailing Wage Affidavit, but chooses not to do so. We will complete and submit the Opt-Out Form located on page 8 of this application. We understand that by opting out of the Prevailing Wage Affidavit, we are opting out of receiving the abatement and that it will be removed effective July 1.

All of the forms referenced in this section are also available at www.nyc.gov/ccabatement.

SECTION D: UNIT INFORMATION UPDATES

UNIT TYPES: RESIDENTIAL, COMMERCIAL, PARKING, OR STORAGE (R, C, P, S)

1. Use this form to update cooperative unit information as of January 5 of the current tax year.
2. All fields must be completed for changes to be processed.
3. If a unit has multiple owners, please list each owner on a separate line.
4. If unit ownership has changed, submit a copy of the new owner's driver's license or NYC voter registration, or a managing agent attestation.
5. The "Bldg #" column* in the table below is not for the address. If there are multiple buildings in the development, and they are numbered (1, 2, 3, etc.), enter their numbers here.
6. If the unit is owned by a trust or life estate, list (on separate lines) the trust and any trustees or beneficiaries living in the unit as their primary residence.
7. Please note that the trust itself cannot have primary residence. Submit the information for the trustee or beneficiary living in the unit as their primary residence.
8. For primary residence: If left blank, the system will automatically default to an "N" and the abatement will not be granted.
9. For change type: P = Change Primary Residence, T = Update Trust, C= Combine Units, I = Initial/New Unit, O= Update Sponsor Owned, U =Update Unit Type, S = Update Shares.If change type is "Combine units" (C), please write in the unit #s in the unit # field.
10. If change type is "initial/new unit" (I), please write in the initial/new unit # in the unit # field.

PLEASE PRINT LEGIBLY or TYPE.
Illegible writing will delay processing. For your convenience and faster processing.

You may submit your changes online at: www.nyc.gov/ccrenewal

Borough: _____ **Co-op Development Number(if available):** _____ **Development Name:** _____

#	Block	Lot	Bldg #*	Unit #	Unit Type (R, C, P, S)	Sponsor Owned (Y or N)	Shares	Owner (Last, First) Only one owner per line	Types of Tax ID (SSN, EIN, ITIN)	Full Tax ID	Primary Residence? (Y or N)	Trust? (Y or N)	Sales Date (Document date on deed)	Change Type: (P, T, C, I, O, U, S)	Sales Amount	# of Rooms	Square Feet
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Use additional pages (located at www.nyc.gov/ccabatement) for larger developments.

#	Block	Lot	Bldg #*	Unit #	Unit Type (R, C, P, S)	Sponsor Owned (Y or N)	Shares	Owner (Last, First) Only one owner per line	Types of Tax ID (SSN, EIN, ITIN)	Full Tax ID	Primary Residence? (Y or N)	Trust? (Y or N)	Sales Date (Document date on deed)	Change Type: (P, T, C, I, O, U, S)	Sales Amount	# of Rooms	Square Feet
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#	Block	Lot	Bldg #*	Unit #	Unit Type (R, C, P, S)	Sponsor Owned (Y or N)	Shares	Owner (Last, First) Only one owner per line	Types of Tax ID (SSN, EIN, ITIN)	Full Tax ID	Primary Residence? (Y or N)	Trust? (Y or N)	Sales Date (Document date on deed)	Change Type: (P, T, C, I, O, U, S)	Sales Amount	# of Rooms	Square Feet
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AFFIDAVIT OF CERTIFICATION REGARDING PREVAILING WAGE REQUIREMENTS FOR TAX YEAR 2026-2027

Re:

_____ (Name of Development)

Please select development type (select one): ☐ Condominium ☐ Cooperative

STATE OF NEW YORK)
) ss.:
COUNTY OF)

_____, being duly sworn, under penalty of perjury, deposes and says:

1. I am _____ (name and title), and am duly authorized to make this affidavit on behalf of the _____ (Board of Managers or Board of Directors) of the _____ (condominium / cooperative name) ☐☐☐☐☐☐ (condominium / cooperative number) for property located in the borough of _____.
2. I make this affidavit in order to comply with the provisions of section 467-a of the Real Property Tax Law.
3. I have read and understood the requirements for the Cooperative/Condominium Abatement pursuant to section 467-a of the Real Property Tax Law.
4. As required pursuant to Section 467-a of the Real Property Tax Law, I certify that all building service employees employed or to be employed at the above-referenced property shall receive the applicable prevailing wage for the duration of the property's tax abatement benefit.

   ☐ Check this box if the above-referenced property does not employ building service employees.

_____
Signature of Officer or Authorized Agent

_____
Title of Officer or Authorized Agent

_____
Date

Sworn to me this ___ day of _____,
20____

_____
Notary Public

Co-op/Condo Tax Abatement Benefit Opt-Out Request

Re:

_____ (Name of Development)

My development is a (select one): ☐ Condominium ☐ Cooperative

1. I am _____ (name and title), and am duly authorized to make this request on behalf of the _____ (Board of Managers or Board of Directors) of the _____ (condominium or cooperative housing corporation), _____ (Cooperative Number or Condominium Number) located in the borough of _____.
2. I make this affidavit in order to comply with the provisions of section 467-a of the Real Property Tax Law.
3. I have read and understood the requirements for the cooperative/condominium tax abatement pursuant to Section 467-a of the Real Property Tax Law and choose to opt out of filing the prevailing wage affidavit as is required pursuant to Section 467-a of the Real Property Tax Law for this property.
4. I have read and understood the requirements for the cooperative/condominium abatement pursuant to Section 467-a of the Real Property Tax Law and that the prevailing wage affidavit is required to be submitted to be qualified for the tax abatement benefit and that by opting out of filing the prevailing wage affidavit, the development will be ineligible for the cooperative/condominium tax abatement.
5. I acknowledge that to apply for a cooperative-condominium tax abatement benefit pursuant to Real Property Tax Law section 467-a in a future tax year, the above-referenced property will be required to timely file a new application and comply with all requirements.

_____
Signature of Officer or Authorized Agent

_____
Title of Officer or Authorized Agent

_____
Date

Sworn to me this ___ day of _____,
20____

_____
Notary Public