

Filing Instructions

Application for a Certification of No Harassment ("CONH") Pilot Program

Requirements: Pursuant to Local Law 1 of 2018, a certification of no harassment ("CONH") may be required to obtain a permit from the Department of Buildings ("DOB") for certain types of work if your building appears on the CONH Pilot Program building list. Your building may appear on the list because of:

- high levels of physical distress and/or ownership changes and the building is located in certain targeted areas of the City
- a full vacate order issued to the building by HPD or DOB
- active participation in the alternative enforcement program for more than four months since February 1, 2016
- a finding of harassment within the last five years by a court or by New York State Homes and Community Renewal

The application process is governed by York City Administrative Code section 27-2093.1, 28-505.3 and Chapter 53 of Title 28 of the Rules of the City of New York. You must use this form to apply for the CONH.

You must submit one (1) application per BIN number. The BIN number is a unique identifying number used by DOB for each building in NYC.

Work: A CONH is not required for all types of work. You should refer directly to the Administrative Code to determine whether a CONH is required. You may also consult with DOB. HPD, at its discretion, may require a copy of the architectural plans.

Who May Apply: The applicant must be an individual natural person and must be either a title holder, a contract vendee in possession, or a net lessee under a lease with at least 10 years remaining in its term, a principal or officer of an owner who is authorized to sign on behalf of and bind such owner. If the applicant does not have legal authority to authorize the Department of Housing Preservation and Development ("HPD") to enter all common areas of the property (for example, if the applicant is a contract vendee or is an owner who has leased the property to someone else), then the application must also be signed by an individual natural person who has such authority. If the applicant is a contract vendee in possession or net lessee, then you must submit an authorization letter executed and notarized from the deed owner(s).

Fee: \$160 per dwelling unit in the building (based on HPD's record of the building configuration). You will have 15 days to pay the application fee (by certified check or money order) once your application is successfully submitted. Checks should be made payable to the "NYC Dept of Finance."

Inquiry Period: As used below, "inquiry period" means:

- 60 months prior to the filing of the application for a certification of no harassment

Required Documents: The following documents are required with your application. Please note that if any of the required documentation is missing or inadequate, HPD may reject the application. **Hand deliveries are only accepted Monday through Friday from 9 a.m. to 11 a.m.**

1. Original certified copies of all recorded deeds from the Department of Finance for current and prior owners who owned the property since the inquiry period start date.
2. If the current title to the property is held by an entity, provide the following documentation in support:
 - a. Articles of Organization
 - b. Operating agreement or LLC resolution
 - c. NYS filing receipt for the entity
 - d. Certificate of Good Standing

- e. Original signed Opinion of Counsel Letter. Submit a letter from an attorney stating that:
 - i. Based on the examination of the Company's organizational documents such as (specify which documents were consulted), you represent that the entity (name of entity) is in good standing with the Department of State, New York State.
 - ii. The applicant's relationship (official title) to the Entity.
 - iii. The applicant (name of applicant) is authorized to make all representation before HPD on behalf of the Entity and is authorized to file the Application for Certificate of No Harassment on behalf of the Entity.
 - iv. The applicant (name) is authorized to bind the Entity (name) with regard to the filing of the Application for CONH.
3. Copies of any job applications made to DOB.
4. Original certified copy of the Certificate of Occupancy, if one exists.
 - a. If no Certificate of Occupancy exists, attach an original certified letter from the DOB stating that the building does not have one.
5. Documentation of any net leases for the subject property during the inquiry period.
6. Supporting documentation of any criminal convictions and proceedings.
7. Building registrations filed with HCR within the inquiry period.
8. If the building is owned by more than one deed owner, all the owners need to be named as applicants or an original notarized letter signed by each additional deed owner has to be submitted authorizing the applicant to file the application for certification of no harassment on behalf of that owner. If the application is filed by a net lessee or contract vendee in possession, the deed owner has to provide an executed and notarized letter authorizing the net lessee or contract vendee in possession to file the application for certification of no harassment on behalf of that owner.
9. If the applicant is a contract vendee in possession, submit proof of fire insurance.
10. Original executed and notarized signature page.
11. Provide a copy of any document regarding the vacatur of any occupant listed in the response to question No.
12. Such as an agreement, affidavit or any other written statement concerning the occupants' departure, if it exists.

Number of copies: Submit one original and one copy of this application and all supporting documents.

Submission Requirements: To submit a CONH application for a building in the Pilot Program, you must have a current and valid property registration on file with HPD and pay any outstanding HPD charges that appear on your Statement of Account from the NYC Department of Finance. You can register or confirm registration by using HPD's Property Registration Online System (PROS), calling (212) 863-7000, or sending an e-mail to **register@hpd.nyc.gov**. You can check your outstanding HPD charges by checking the **Department of Finance's website**.

Submission of Application, Supporting Documents and Fee: Submit any original documentation or submit the fee by mail (regular, certified, or registered), private courier, or hand delivery to the CONH Unit, Department of Housing Preservation and Development, 100 Gold Street, Room 6Z New York, NY 10038, Attention: Intake Support. **Hand deliveries are only accepted by appointment; Please email us at conhinfo@hpd.nyc.gov to schedule.**

Inquiries: Direct all inquiries regarding this application to: **(212) 863-8266**.

Obligation to Update: If any information stated in the application changes at any time before HPD makes a final determination regarding whether harassment occurred, the applicant must promptly update the relevant section of the application with such new information and submit it to HPD. If the new information includes a change of ownership, HPD may require a new application.

Withdrawal: An application may not be withdrawn after HPD issues either (i) an initial determination that there is reasonable cause to believe that harassment occurred, or (ii) a final determination that harassment occurred. To withdraw your application, you must submit an original letter, executed and notarized, from the applicant(s).

The City of New York
DEPARTMENT OF PRESERVATION AND DEVELOPMENT
Housing Litigation Division

Application for a Certification of No Harassment ("CONH") Pilot Program

Obligation to Update: If any information stated in the application changes at any time before HPD makes a final determination regarding whether harassment occurred, the applicant must promptly update the application with such new information and submit it to HPD. If the new information includes a change in ownership or other facts that renders the original applicant ineligible to submit the application, a new Application, including a new signature page executed by an eligible individual and all supporting documentation must be submitted to HPD - in such an event, no new processing fee will be collected.

1. **Property Information:** Identify the property that is the subject of this application

House No.

Street Name

Borough

☐ Manhattan ☐ Queens

☐ Brooklyn ☐ Staten Island

☐ Bronx

Block

Lot

HPD Registration ID

BIN

2. **Building Configuration:** Attach either an original certified copy of the certificate of occupancy or an original certified letter from DOB stating that the building does not have a certificate of occupancy. Describe the legal and actual configuration of the building below.

Type of Unit	Legal Configuration (Number of Units)	Actual Configuration (Number of Units)
Apartment Dwelling Units		
SRO Dwelling Units		
Total Dwelling Units		
Commercial Units		

A. **What is the basis of the legal configuration?**

Certificate of Occupancy

Other

Specify

3. **Building Occupancy:** Is the building currently vacant?

Yes, Date Vacant (MM/YYYY)

No (Describe the current occupancy below.)

Type of Unit	Occupied (Number of Units)	Vacant (Number of Units)	Total
Apartment Dwelling Units			
SRO Dwelling Units			
Total Dwelling Units			
Commercial Units			

4. Applicant(s): Identify the applicant(s). The applicant must be an individual natural person and must be either a title holder, a contract vendee in possession, a net lessee under a lease with at least 10 years remaining in its term or a principal or officer of an owner who is authorized to sign on behalf of and bind such owner. If the building is owned by more than one deed owner, all the owners need to be named as applicants or a notarized letter signed by each additional deed owner has to be submitted authorizing the applicant to file the application for certificate of no harassment on behalf of that owner. If the application is filed by a net lessee or contract vendee in possession, the deed owner has to provide a notarized letter signed by the deed owner authorizing the net lessee or contract vendee in possession to file the application for certification of no harassment on behalf of that owner. In case of a multiple dwelling owned by an entity, you must provide an Opinion of Counsel Letter pursuant to section 2e of the instructions.

Primary Applicant: The primary applicant identified will receive all communications regarding this application.

First Name	Last Name	Date of Birth	Social Security No.	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	Mobile Phone	Fax Number	Relationship to Property
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary Applicant

First Name	Last Name	Date of Birth	Social Security No.	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Access Authorizer: Does the applicant identified in response to Question 4 have legal authority to authorize the Department of Housing Preservation and Development ("HPD") to enter all common areas of the property?

Yes

No (Identify the person who will sign this application to authorize such access below).

First Name	Last Name	Date of Birth	Social Security No.	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	Mobile Phone	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Reason For Application

A. Have any applications for permits been filed with DOB for work at the property which would require a certification of no harassment?

Yes (Attach a copy of each application, stamped by DOB, and all attachments thereto).

No

B. Is any construction work currently in progress?

No

Yes (Provide details below).

C. Briefly describe the reason for this application (e.g., the alteration or demolition work to be performed at the property).

7. Prior Applications for the Property: Has anyone ever submitted an application for a certification of no harassment (or an exemption or waiver from the requirement for a certification of no harassment) to HPD with respect to the property?

No

Yes (Please provide the details requested below).

Application Date	Applicant First Name	Applicant Last Name	Status

8. Prior Applications by or On Behalf Of the Owner or Applicant: Has the owner, the applicant, or any other representative acting on behalf of the owner ever previously applied for a certification of no harassment for any property other than the subject property?

No

Yes (Please provide the details requested below).

Borough	Block	Lot	Address	RegistrationID

9.Current Ownership

A. Current Owner(s): List each current holder of title to the property including individual owners, joint owners and corporate owners.

Name (1)	Date of Birth	SSN/EIN	Business Phone	Ownership Start Date
<hr/>				
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<hr/>				
Name (2)	Date of Birth	SSN/EIN	Business Phone	Ownership Start Date
<hr/>				
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<hr/>				
Name (3)	Date of Birth	SSN/EIN	Business Phone	Ownership Start Date
<hr/>				
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<hr/>				
Name (4)	Date of Birth	SSN/EIN	Business Phone	Ownership Start Date
<hr/>				
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Current Principals and Officers: If title to the property is held by an entity rather than by an individual natural person, list (i) every director, general partner, managing partner, or managing member of such entity, (ii) every officer of such entity, (iii) every other person authorized to sign for and bind such entity, and (iv) every person or entity holding a 10% or more economic interest in such entity. You must provide the supporting documentation listed in section 2 of the instructions.

First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<hr/>					
Address	Suite	City	State	Zip	Role
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<hr/>					
First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<input type="text"/>					
<hr/>					
Address	Suite	City	State	Zip	Role
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<hr/>					
First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<input type="text"/>					
<hr/>					
Address	Suite	City	State	Zip	Role
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Current Principals and Officers

First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<div></div>					
Address	Suite	City	State	Zip	Role
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<div></div>					
Address	Suite	City	State	Zip	Role
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<div></div>					
Address	Suite	City	State	Zip	Role
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<div></div>					
Address	Suite	City	State	Zip	Role
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<div></div>					
Address	Suite	City	State	Zip	Role
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
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Address	Suite	City	State	Zip	Role
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<div></div>					
Address	Suite	City	State	Zip	Role
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

First Name	Last Name	Date of Birth	Social Security No.	Business Phone	Start Date
<div></div>					
Address	Suite	City	State	Zip	Role
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

C. Management: List each person who performed general management, collected rents, supervised or ordered repairs, served as a superintendent, or exercised any other discretion in the management of the property under the current ownership.

First Name	Last Name	Company Name	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	Service Start Date	Service End Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

First Name	Last Name	Company Name	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	Service Start Date	Service End Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

First Name	Last Name	Company Name	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	Service Start Date	Service End Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

First Name	Last Name	Company Name	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	Service Start Date	Service End Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

First Name	Last Name	Company Name	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	Service Start Date	Service End Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

10. Prior Ownership

A. Have you been the owner for the entire inquiry period?

Yes

No (Please provide the details requested below).

Name (1)	EIN (If Entity)	Ownership Start Date	Ownership End Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (2)	EIN (If Entity)	Ownership Start Date	Ownership End Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (3)	EIN (If Entity)	Ownership Start Date	Ownership End Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (4)	EIN (If Entity)	Ownership Start Date	Ownership End Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (5)	EIN (If Entity)	Ownership Start Date	Ownership End Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (6)	EIN (If Entity)	Ownership Start Date	Ownership End Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (7)	EIN (If Entity)	Ownership Start Date	Ownership End Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If needed, please add additional pages.

Additional pages added?

Yes

No

B. Principals and Officers Of Prior Owners: If title to the property was previously held by an entity rather than an individual natural person at any time since the inquiry period start date, list (i) every director, general partner, managing partner, or managing member of such entity, (ii) every officer of such entity, (iii) every other person authorized to sign for and bind such entity, and (iv) every person or entity holding a 10% or more economic interest in such entity.

First Name	Last Name	Role	Start Date	End Date

Address	Suite	City	State	Zip

First Name	Last Name	Role	Start Date	End Date

Address	Suite	City	State	Zip

First Name	Last Name	Role	Start Date	End Date

Address	Suite	City	State	Zip

First Name	Last Name	Role	Start Date	End Date

Address	Suite	City	State	Zip

First Name	Last Name	Role	Start Date	End Date

Address	Suite	City	State	Zip

First Name	Last Name	Role	Start Date	End Date

Address	Suite	City	State	Zip

First Name	Last Name	Role	Start Date	End Date

Address	Suite	City	State	Zip

If needed, please add additional pages.
Additional pages added?

Yes No

C. Prior Management: List each person who performed general management, collected rents, supervised or ordered repairs, served as a superintendent, or exercised any other discretion in the management of the property during the inquiry period under a prior owner.

First Name	Last Name	Company Name	Business Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Role	Service Start Date	Service End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Company Name	Business Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Role	Service Start Date	Service End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Company Name	Business Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Role	Service Start Date	Service End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Company Name	Business Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Role	Service Start Date	Service End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Company Name	Business Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Role	Service Start Date	Service End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Occupants:

A. List all current residential occupants of the property.

[illegible]

If needed, please add additional pages.

Additional pages added?

Yes

No

B. List all current commercial occupants of the property.

Name	Unit	Floor	Initial Occupancy Date	Monthly Rent	Current Lease?	Phone

12. Former Occupants: List each former occupant who temporarily and/or permanently vacated a dwelling or rooming unit for any reason from the commencement of the inquiry period to the present. Please indicate the reason for vacatur such as relocation, buyout, eviction, surrender of occupancy rights, or any other reason. Provide a copy of any corresponding documentation, such as an agreement, affidavit or any other written statement concerning the occupants departure. If no documentation exists, please note "no documentation exists."

First Name	Last Name	Unit	Floor	Initial Occupancy Date				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Move Out Date	Last Monthly Rent	Move Out Reason						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
Current Address				Suite	City	State	Zip	Phone
<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Unit	Floor	Initial Occupancy Date				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Move Out Date	Last Monthly Rent	Move Out Reason						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
Current Address				Suite	City	State	Zip	Phone
<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Unit	Floor	Initial Occupancy Date				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Move Out Date	Last Monthly Rent	Move Out Reason						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
Current Address				Suite	City	State	Zip	Phone
<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Unit	Floor	Initial Occupancy Date				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Move Out Date	Last Monthly Rent	Move Out Reason						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
Current Address				Suite	City	State	Zip	Phone
<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If needed, please add additional pages. Additional pages added?

Yes

No

13. Relocation Needs: Will any occupants be relocated or displaced as a result of the alteration or demolition work to be performed at the property?

No

Yes (Please provide the details requested below).

First Name	Last Name	Unit	Floor	Reason for Relocation		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relocation Address	Suite	City	State	Zip	Phone	Monthly Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Unit	Floor	Reason for Relocation		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relocation Address	Suite	City	State	Zip	Phone	Monthly Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Unit	Floor	Reason for Relocation		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relocation Address	Suite	City	State	Zip	Phone	Monthly Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Unit	Floor	Reason for Relocation		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relocation Address	Suite	City	State	Zip	Phone	Monthly Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Unit	Floor	Reason for Relocation		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relocation Address	Suite	City	State	Zip	Phone	Monthly Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Unit	Floor	Reason for Relocation		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relocation Address	Suite	City	State	Zip	Phone	Monthly Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Unit	Floor	Reason for Relocation		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relocation Address	Suite	City	State	Zip	Phone	Monthly Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If needed, please add additional pages.
Additional pages added?

Yes No

14. Criminal Convictions And Proceedings: Have any of the persons or entities named on this Application (Applicants, Access Authorizer, Current Owners, Prior Owners, Current Principals & Officers, Prior Principals & Officers, Management and Prior Management) ever been convicted of a crime within the inquiry period or is any such person or entity currently or at any time during the inquiry period, a defendant in a criminal proceeding, or in a pending criminal proceeding.

No

Yes (Please provide the details requested below).

Name	Case Caption	Court	Docket No.	Disposition

15. HCR Proceedings: During the inquiry period, have there been any harassment proceedings, decrease in service proceedings, non-renewal of lease or other proceedings with regard to the property before the New York State Homes and Community Renewal (HCR)?

No

Yes (Please provide the details requested below).

Name of Filing Party	Name of Respondent	Filing Date	Docket No.	Type of Proceeding
Complainant Attorney	Respondent Attorney	Disposition/Current Status	Disposition Date	

Name of Filing Party	Name of Respondent	Filing Date	Docket No.	Type of Proceeding
Complainant Attorney	Respondent Attorney	Disposition/Current Status	Disposition Date	

Name of Filing Party	Name of Respondent	Filing Date	Docket No.	Type of Proceeding
Complainant Attorney	Respondent Attorney	Disposition/Current Status	Disposition Date	

16. Other Administrative Proceedings: During the inquiry period, have there been any administrative proceedings with regard to the property before any governmental or quasi-governmental authority other than HCR?

No

Yes (Please provide the details requested below).

Name of Filing Party	Name of Respondent	Filing Date	Docket No.	Type of Proceeding
Complainant Attorney	Respondent Attorney	Disposition/Current Status	Disposition Date	

If needed, please add additional pages. Additional pages added?

Yes

No

17. Litigation: During the inquiry period, has there been any litigation with respect to the property?

No

Yes (Please provide the details requested below).

Party Name 1	Party Name 2	Filing Date	Index No.	Type of Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plaintiff/Petitioner Attorney	Defendant/Respondent Attorney	Disposition/ Status	Disposition Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Party Name 1	Party Name 2	Filing Date	Index No.	Type of Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plaintiff/Petitioner Attorney	Defendant/Respondent Attorney	Disposition/ Status	Disposition Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

If needed, please add additional pages. Additional pages added? Yes No

18. HCR Registrations: Has the building been registered annually with HCR during the inquiry period?

No

Yes or Partially (Provide the building registration for each year of the inquiry period registered).

19. Coercion: During the inquiry period, has any title holder or lessee, its agents, employees or other persons acting on its behalf used force, or threatened the use of force, against the person or property of any occupant of a dwelling unit at the property?

No

Yes (Provide details)

20. Services: During the inquiry period, has any title holder or lessee, its agents, employees or other persons acting on its behalf interrupted or discontinued any services at the property, including, but not limited to, heat, hot water, cold water, electricity, gas, and elevator service?

No

Yes (Provide details)

21. Locks: During the inquiry period, has any title holder or lessee, its agents, employees or other persons acting on its behalf removed the possessions of an occupant from the dwelling unit, removed the door at the entrance to an occupied dwelling unit, removed, plugged, or otherwise rendered the lock on an entrance door inoperable, or changed the lock on an entrance door without supplying the occupant with a key?

No

Yes (Provide details)

22. Other: Is there any other information relevant to this application?

No

Yes (Provide details)

23. Vacate Orders: Has any governmental agency issued any vacate orders (full or partial) with respect to all or part of the property during the inquiry period or active if issued prior to the inquiry period?

No

Yes (Provide details)

Vacate Order No.	Issuing Agency	Date Issued	Date Lifted	Basis of Order

No. of Occupants Displaced	No. of Occupants Returned	Describe any relevant information such as the dates occupants returned:

Vacate Order No.	Issuing Agency	Date Issued	Date Lifted	Basis of Order

No. of Occupants Displaced	No. of Occupants Returned	Describe any relevant information such as the dates occupants returned:

If needed, please add additional pages. Additional pages added?

Yes

No

Applicant Consent: The owner of the property hereby consents to permit HPD unfettered access to the property that is the subject of this application at all times and without prior notice. The purpose of such access is for the investigation of all facts relevant to this application from the date hereof until the date upon which HPD makes a final determination with respect to the grant or denial of the certification pursuant to the application of a Certification of No Harassment.

It is understood that the failure to provide such access when requested will prevent the processing of this application and, in the discretion of HPD, may result in the rejection of the CONH Application.

Further, it is understood that the application may be rejected if it contains any false or misleading statements, or material omissions and the submission of a new application may be barred for 60 months.

Further, it is understood that the applicant and/or undersigned must first obtain a Certification of No Harassment from HPD and all necessary permits from the DOB prior to commencing the work at the subject premises, which is the subject of this application.

I, the applicant, have read the within application and attest that its entire contents are true and complete.

Primary Applicant Signature

Secondary Applicant Signature

Print Name Above

Print Name Above

Relationship to the Property

Relationship to the Property

Corporate Entity Designee Signature

Access Authorizer Signature

Print Name Above

Print Name Above

Relationship to the Owner (title)

Relationship to the Owner (title)

Sworn to this _____ day of
_____, 20____

Notary