

NEW YORK CITY DEPARTMENT OF FINANCE ● PERSONAL EXEMPTIONS

COOPERATIVE/CONDOMINIUM PROPERTY TAX ABATEMENT APPLICATION

2017 2018

Mail to: NYC Department of Finance, Co-op/Condo Abatement, 59 Maiden Lane, 24th Floor, New York, NY 10038

Filing Deadline: March 1, 2017

Instructions: Use this application to file for the co-op/condo abatement for the first time. The board of directors or managing agent must complete this application on behalf of the entire development. All sections must be complete or the application will not be processed.

	ECTION A - DEVELOPMENT INFORMA					2047		
n t 	this section, provide information for the entire Please check property type:	Cooperative		e accurate as c		2017.		
. <u>.</u>	Parcel Identification Enter the borough, tax block and tax billing lot for the development in the lines provided below. If the development has more than six block please use additional sheets. If you are filing as a condominium, the tax billing lot will be a four digit number beginning with "75"							
	BORO BLOCK LOT	BORO BLOCK	LOT	BORO	BLOCK	LOT		
	BORO BLOCK LOT	BORO BLOCK	LOT	BORO	BLOCK	LOT		
	Enter the name (if any) by which the develop Employer Identification Number (EIN) Enter the cooperative/condominium Employer Contact information		r:		1 1 1			
	a CONTACT PERSON b NUMBER AND STREET	CITY AND STATE		ZIP	CODE			
	C e	EMAIL A	DDRESS					
6. 7.	Total Number of Buildings in the Development Enter the total number of residential units in 7b, the total number of commercial units in 7b.	nt 7a, the number of units 7c, and enter the grand	total in 7d. If	there are no s	ponsor-contro			
	mercial units, enter zero. In order to qualify a If there are no shares allocated to a super's							
				otal number of		<u>'</u>		
		apartment, do not inclu		otal number of	units.			
	If there are no shares allocated to a super's	apartment, do not inclu Units:	ide it in the to	otal number of	units. Co-ops Only			
	If there are no shares allocated to a super's a. Residential Units/Shares:	apartment, do not inclu Units: sor: Units:	ide it in the to	otal number of	units. Co-ops Only Shares:			

ALL INFORMATION SHOULD BE ACCURATE AS OF JANUARY 5, 2017

SECTION B - BUILDING INFORMATION

1. List all buildings and addresses included in the development (for each block and lot).

	BLOCK NUMBER	LOT NUMBER/RANGE	STREET NUMBER	STREET NAME	7a+7b RESIDENTIAL UNITS/ SHARES	7c COMMERCIAL UNITS/ SHARES
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
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26.						
27.						
28.						
29.						
30.						
				TOTAL #:		

	CTION C - UNIT INFORMATION - All information should be accurate as of January 5, 2017.
	e copies of Section C for each unit. All questions must be answered to process your application.
1.	Borough/Block/Billing Lot.
	a. Co-op: Borough: Block: Lot:
	c. Condo: Borough: Block: Unit Lot #: Billing Lot: 75
2.	Jnit Address:
	NUMBER AND STREET
4.	Jnit Shares (co-op only)
5.	Jnit Type Check the box that corresponds to the appropriate unit type. Check "parking" only if parking area is a separate block and lot. RESIDENTIAL COMMERCIAL PARKING
6.	Purchase Date//
8.	Sponsor(s) Control - Is the unit owned by the sponsor(s) or successors in interest?
9.	Name of Owner/Shareholder as of January 5, 2017. Enter the first and last name(s) of the owner(s) of record. Every name on the deed/stock certificate must be included. If there are more than four owners please make a copy of this Page. If the unit/property is owned by a business entity or trust, enter the owner's name and employer identification number.
	Name of Owner/Shareholder #1: FIRST NAME LAST NAME
	Social Security Number or Employer Identification Number: Social Security Number OR EMPLOYER IDENTIFICATION NUMBER
	s this the owner's primary residence?
	Name of Owner/Shareholder #2: FIRST NAME LAST NAME
	Social Security Number or Employer Identification Number: Social Security Number OR EMPLOYER IDENTIFICATION NUMBER
	s this the owner's primary residence?
	Name of Owner/Shareholder #3: FIRST NAME LAST NAME
	Social Security Number or Employer Identification Number: Social Security Number OR EMPLOYER IDENTIFICATION NUMBER
	s this the owner's primary residence?
	Name of Owner/Shareholder #4: FIRST NAME LAST NAME
	Social Security Number or Employer Identification Number: Social Security Number OR EMPLOYER IDENTIFICATION NUMBER
	s this the owner's primary residence?

SECTION D - CERTIFICATION Certification must be signed by the condominium's board of director or the managing agent for the cooperative. The postmark date will serve as the application date. I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I 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. Signature of Officer **Print Name** Date Title of Officer **Email Address** Telephone Number 2. Signature of Officer **Print Name** Title of Officer Date **Email Address** Telephone Number