

ALL INFORMATION SHOULD BE ACCURATE AS OF JANUARY 5 OF THE CURRENT TAX YEAR.

SECTION B: BUILDING INFORMATION

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

#	Block Number	Lot Number/ Range	Street Number	Street Name	Residential Units/Shares	Commercial Unit/Shares
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
Total #						

SECTION C: UNIT INFORMATION

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

1. Use this form to report condominium 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 all owners on a separate line.
4. If the unit is owned by a trust or life estate, list (on separate lines) the trust and any trustees or beneficiaries.
5. Please note, the trust itself cannot have primary residence. Submit the information for the trustee or all beneficiaries living in the unit. Please attach a complete copy of the trust.
6. Changes to or from a trust need to be reported in order to keep the abatement; a copy of the trust must be included.
7. For primary residence: items left blank the system will automatically default to a "N" and the abatement will not be granted.

PLEASE PRINT LEGIBLY or TYPE.
 Illegible writing will delay processing. For your convenience and faster processing.
 You may submit your changes online at:
<https://webapps.nyc.gov/CICS/fin1/abcg001i>

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

#	Block	Lot	Bldg #	Suffix #	Unit #	Unit Type (R, C, P, S)	Sponsor Owned? (Y or N)	Shares	Owner (Last, First) Only one owner per line	Social Security, EIN, or ITN #	Primary Residence? (Y or N)	Trust? (Y or N)	Sales Date Document date on deed	Sales Amount	# of Rooms	# of Bedrooms	Baths	Square Feet	Floor Number
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			

Use additional pages for larger cooperatives.

SECTION D: CERTIFICATION

**Certification must be signed by the board of directors 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. I agree to comply with and be subject to the rules issued by the Department of Finance pursuant to Real Property Tax Law 467-a.

SIGNATURE OF OFFICER	PRINT NAME
DATE	TITLE OF OFFICER
TELEPHONE NUMBER	EMAIL ADDRESS

SIGNATURE OF OFFICER	PRINT NAME
DATE	TITLE OF OFFICER
TELEPHONE NUMBER	EMAIL ADDRESS

*Please include a copy of your current managing agent contract or if you are representing a self-managed development, please upload a copy of the HPD registration, Board meeting minutes or other documentation that indicates you are authorized to transact on behalf of the development.