



NYC Build it Back
 NYC Housing Recovery Operations
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 New York, NY 10007

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 nyc.gov/builditback

F16A

UNIT INFORMATION UPDATE

THIS FORM MUST BE COMPLETED BY ALL BUILD IT BACK APPLICANTS, INCLUDING APPLICANTS THAT DO NOT HAVE RENTAL UNITS ON THEIR PROPERTY. THIS FORM MUST BE COMPLETED PRIOR TO EXECUTING A GRANT AGREEMENT.

Application Number: _____

Applicant Name: _____

Property Address: _____

Street Address

City, State, Zip

Overall Property Information

Is anyone (including you, your household, a renter or anyone else) currently living on your Build it Back property? Yes No

Is your property a single-unit, owner-occupied property with no rental units? **If you answered "yes" to this question, sign this Form without filling out any other sections. If you answered "no", fill out the remainder of this Form.** Yes No

Multi-Unit Property Information

	0	1	2	3	4
Enter the total number of residential units that were located on your Build it Back property at the time of Hurricane Sandy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the total number of residential units <u>currently</u> located on your Build it Back property. (Include both occupied and unoccupied units.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Enter the total number of residential units that are currently <u>owner-occupied</u> . (Units that are occupied by the property owner's household.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Enter the total number of residential units that are currently <u>tenant-occupied</u> . (Including rent paying and non-rent paying tenants and family members living in separate units.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Enter the total number of residential units that are currently <u>unoccupied</u> . (Units that do not currently have a person living in them.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Complete this section.	Unit Number	Unit Street Address
Is the Unit Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name of Current Occupant or Tenant	Last Name of Current Occupant or Tenant
Who Occupies This Unit? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unit is Not Occupied	Current Monthly Rent (if Tenant Occupied)	Telephone Number (if Tenant Occupied)
Lease Type (if applicable) <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expires (if Tenant Occupied)	Tenant Email (if Tenant Occupied)
Leave this section blank if you have already completed it for all of the units you listed on page one.	Unit Number	Unit Street Address
Is the Unit Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name of Current Occupant or Tenant	Last Name of Current Occupant or Tenant
Who Occupies This Unit? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unit is Not Occupied	Current Monthly Rent (if Tenant Occupied)	Telephone Number (if Tenant Occupied)
Lease Type (if applicable) <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expires (if Tenant Occupied)	Tenant Email (if Tenant Occupied)
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Lease Type (if applicable) <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expires (if Tenant Occupied)	Tenant Email (if Tenant Occupied)	

CERTIFICATION

I hereby certify that the information I have provided on this Form is true and correct.

I acknowledge and agree that I am responsible for obtaining and retaining contact information, including, at a minimum, a residential forwarding address, for any and all current and future tenants that reside at the Property during the pendency of my application for, and receipt of, benefits with the NYC Build it Back program. I acknowledge and agree that I will comply with the Uniform Relocation Act if I am required to do so.

I understand that if I fail to maintain an accurate forwarding address for any and all tenants who vacate the Property after today's date, I may be deemed ineligible for benefits under the NYC Build it Back program or other program restrictions may be imposed. I acknowledge that I have carefully read this Agreement, and I represent that I fully understand its contents and sign it voluntarily.

_____	_____	_____
Owner (Print Name)	Signature	Date
_____	_____	_____
Additional Owner (Print Name)	Signature	Date
_____	_____	_____
Additional Owner (Print Name)	Signature	Date
_____	_____	_____
Additional Owner (Print Name)	Signature	Date